



Annual Report *2010-2011*

To the Minister of Health

Healthy People. Healthy Communities.

VISION

Healthy People. Healthy Communities.

Prairie North
Health Region



MISSION

Prairie North Health
Region works with
individuals and
communities to achieve
the safest and best
possible care,
experience and
health for you.

VALUES

Respect

Excellence

Engagement

Accountability

Transparency

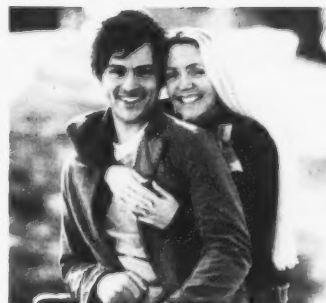


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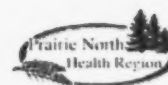
www.pnrha.ca

Print copies of the PNHR Annual Report are available at
Prairie North Health Region's Corporate Office
in North Battleford:

1092 – 107 Street
North Battleford, SK S9A 1Z1

Or by calling (306) 446-6606

Letter of Transmittal



To: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

Prairie North Regional Health Authority is pleased to provide you and the residents of the health region with our 2010-11 Annual Report, as required under *The Regional Health Services Act*, section 55.

This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2011.

Prairie North Regional Health Authority is responsible for this report and provides assurance that the information contained herein is accurate and reliable.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Bonnie O'Grady".

Bonnie O'Grady
Chairperson
Prairie North Regional Health Authority

Introduction

This Annual Report presents the activities and results of Prairie North Health Region (PNHR) for the fiscal year ending March 31, 2011.

The Report reviews and assesses the progress PNHR has made over the past year toward achieving our Vision of *"Healthy People. Healthy Communities."* in the context of our Mission which is to *"work with individuals and communities to achieve the safest and best possible care, experience and health"* for our patients, residents and clients.

Prairie North Health Region welcomes this opportunity to report in a consolidated fashion on the key initiatives and accomplishments of the Region during 2010-11.

We are pleased to provide concrete results on the publicly committed strategies, actions, and performance measures set out in PNHR's 2010-13 Strategic Plan, in the Region's 2010-11 Accountability Document with the Ministry of Health, and in line with the provincial 2010-11 Strategic and Operational Directions (SOD) for the Health Sector document for Saskatchewan's health system as a whole.

PNHR's Annual Report also references key challenges we have faced in striving toward our goals, and identifies lessons learned as we move forward with determination and commitment for the benefit of the residents of Prairie North.

Prairie North Health Region is proud of our successes over the past year. We are committed to ongoing accountability and transparency. We are pleased to provide this Annual Report to the Minister of Health and to the public to assess our overall performance in administering public funds entrusted to us and in providing patient-focused, safe, quality, effective, and efficient health care.

Alignment with Strategic Direction

Prairie North Regional Health Authority (PNRHA) is directly accountable to the Minister of Health. The RHA functions fully in alignment with the Ministry's Strategic and Operational Directions for the health system.

PNRHA adopted revised Vision, Mission and Values statements for the Health Region in 2010-11 to align with those newly established by and for the Ministry of Health. PNHR's new guiding statements are prominently displayed on the inside front cover of this annual report.

In concert with these guiding principles, the Prairie North Regional Health Authority Board approved a revised Strategic Framework and Plan for the Region on May 26, 2010. The Plan aligns directly with the Ministry's 2010-11 Strategic and Operational Directions for the Health Sector and its Pillars for Planning. These system-wide Pillars of healthcare, and goals for each Pillar, are presented on page four of this Report.

Prairie North's Board of Directors and Senior Leadership Team deliberately chose to mirror the strategic focus of the provincial health system plan to ensure PNHR and its priorities are precisely aligned with the province's direction for Saskatchewan's health system as a whole.

The provincial goals under each Pillar are merged and restated as Prairie North's individual goal under each pillar in the PNHR Strategic Plan. Additionally, the provincial health system goals are restated as PNHR's strategies, and are individualized to Prairie North's unique character, circumstances, challenges and opportunities.

Our Measures of Success are identical to those of the Ministry's measures wherever possible to support consistency in measurement across the system. Wherever possible, quantifiable measures are identified along with targets. In some instances, the current measure is an indication of the progress made on development and implementation of the strategy. Further development of measures is ongoing.

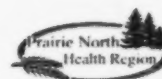
Five Pillars of Healthcare

Strategic and Operational Directions for the Health Sector 2010-11 Regional Health Authorities and Ministry of Health

Strategic Focus	1. HEALTH OF THE INDIVIDUAL	2. HEALTH OF THE POPULATION	3. PROVIDERS	4. SUSTAINABILITY
Goals	1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	2.1 Improve population health through health promotion, protection and disease prevention	3.1 Work together to build a workplace that supports the adoption of both patient- and family-centred care and collaborative practices <u>(NEW GOAL)</u>	4.1 Achieve best value for money while improving the patient experience and population health <u>(NEW GOAL)</u>
	1.2 Achieve timely access to evidence-based and quality health services and supports	2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	3.2 Work together to create safe, supportive and quality workplaces	4.2 Improve transparency and accountability through measurement and reporting <u>(NEW GOAL)</u>
	1.3 Continuously improve health care safety in partnership with patients and families		3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations
5. SUPPORTIVE PROCESSES				
5.1 Benchmark and model world-class high-performing health systems <u>(NEW GOAL)</u>		5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies <u>(NEW GOAL)</u>		5.3 Leverage technology to achieve improvements in patient care and system performance <u>(NEW GOAL)</u>



Prairie North Health Region Strategic Plan



Health of the Individual

Goal 1: Provide safe, quality and timely care and services to individuals, families and communities.

- Strategies:**
- Provide our patients with exceptional care and services.
 - Achieve timely access to appropriate health care service.
 - Continuously improve health care safety in partnership with patients and families.

Health of the Population

Goal 2: Work with individuals and communities to improve the health of the population.

- Strategies:**
- Build ownership with individuals, communities, and partners for improving population health status.
 - Expand healthy lifestyle and disease prevention practices and choices.

Providers

Goal 3: Work with health service providers to ensure safe, supportive, and quality workplaces that model our values.

- Strategies:**
- Ensure that the Region's health service providers have the relevant knowledge and required skills and tools to perform their jobs.
 - Develop a workforce that is representative of our communities.
 - Recognize and appreciate health service providers and volunteers and their role in patient satisfaction.
 - Collaborate and partner with educational institutions to meet the Region's human resource requirements.

Sustainability

Goal 4: Foster Regional and health system sustainability that ultimately improves health care service.

- Strategies:**
- Ensure that facilities, equipment and technology are in place to effectively support operations.
 - Improve transparency and accountability through measurement, reporting, communication, and an ethical decision-making framework.
 - Work with Foundations, Affiliates, community-based organizations, and key stakeholders to support the Region's goals.

Supporting Processes

Goal 5: Focus on organizational excellence and innovation.

- Strategies:**
- Build a culture of continuous safety and quality improvement through adoption of recognized 'best practices'.
 - Leverage technology to achieve improvements in patient care and system performance.

RHA Overview

Prairie North Regional Health Authority is responsible for planning, organizing and delivering health services within its geographic area in north-west central Saskatchewan, consistent with the province's strategic direction and available resources.

PNRHA is also responsible for promoting and encouraging health and wellness, assessing the health needs of its residents, and monitoring and reporting on its progress in providing services that meet residents' health needs.

Prairie North Health Region delivers a broad range of health services to its more than 77,745 Saskatchewan residents (*Saskatchewan Health Covered Population 2010*), plus over 17,400 people (*City of Lloydminster Municipal Census 2009*) who live on the Alberta side of Lloydminster.

Our team of 3,163 health care professionals in over 2,301 full-time equivalent (FTE) positions, plus 113 physicians comprising 92 FTEs, works with individuals and communities to achieve the safest and best possible care, care experience and health for our patients.

Through PNRHA's network of ambulance services, hospitals, diagnostics, general and specialty medical services, health centres, primary health care sites, rehabilitation services, chronic disease management, home care, long-term care, public health, mental health, addictions services, and many others, individuals have access to a comprehensive array of preventative, promotional, assessment, emergency, treatment, rehabilitative, supportive, and palliative patient care services that span a lifetime. PNRHA also works through environmental health and infection prevention and control to safeguard the health of our citizens and communities.

Supporting all of these patient care services, programs, and facilities is the Region's corps of food and nutrition, housekeeping, maintenance and materials management services.

Prairie North's administrative programs including finance, human resources, labour relations, information technology, communications, and continuous safety and quality improvement provide

the leadership, oversight, and management of our direct care and support services.

Prairie North delivers its services in 27 Region-operated facilities and service sites, as well as through contracted/private service sites and programs, in community locations, and in client homes.

Key Partnerships

PNHR's primary partnership is with the Saskatchewan Ministry of Health.

The Region also partners with 10 Health Care Organizations (HCOs) for the delivery of:

- Additional Emergency Medical Services:
 - ✓ Lloydminster Emergency Care Service
 - ✓ Marshall's Ambulance Care Ltd., St. Walburg
 - ✓ WPD Ambulance Care Ltd., North Battleford
- Addictions Services:
 - ✓ Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster
- Mental Health Services:
 - ✓ Libbie Young Centre Inc., Lloydminster
 - ✓ Canadian Mental Health Association, Battlefords Branch
 - ✓ Edwards Society Inc., North Battleford
 - ✓ Portage Vocational Society Inc., North Battleford
- Continuing/Supportive Care Services:
 - ✓ Societe Joseph Breton Inc., North Battleford (Villa Pascal LTC home – PNRHA's only Affiliate organization)
 - ✓ Points West Living Lloydminster Inc. (Assisted Living).

A number of other key agencies, organizations, programs and services are also significant partners in PNRHA's delivery of services to help meet patient, resident, and client needs:

- Saskatchewan Association of Health Organizations (SAHO)
- North Sask Laundry & Support Services, Prince Albert
- First Nations Communities and Organizations
- Battlefords Family Health Centre

RHA Overview

(Continued)

- KidsFirst
- Municipal Health Holdings - Maidstone
- North Saskatchewan River Municipal Health Holdings
- Educational institutions
- Ministry of Social Services - Community Living Services Delivery
- Ministry of Justice and Attorney General
- Ministry of Corrections, Public Safety and Policing
- Seven local health care Foundations and Trust Funds
- Fifteen health care Auxiliaries

Prairie North maintains a relationship with Alberta Health Services (AHS) which provides funding support to PNHR for provision of health services to Alberta residents of Lloydminster and area. Under the *Lloydminster Charter* and legislative agreement, PNHR is responsible for delivery of most health services to the City of Lloydminster.

A Unique Health Region

PNHR is unique among Saskatchewan health regions as it is the only RHA delivering health services in two separate provinces, in Canada's only border city - Lloydminster. This presents many special considerations and challenges in the management and provision of health services to people living under differing provincial jurisdictions in the same community.

Prairie North is also the only health region in Saskatchewan with two Regional hospitals (Battlefords Union and Lloydminster), and is the location of Saskatchewan's only provincial psychiatric rehabilitation hospital (Saskatchewan Hospital, North Battleford) which itself is home to the province's Forensic Services program.

Governance

Prairie North Health Region is governed by a 12-member Board of Directors which constitutes the Regional Health Authority.

Board members are appointed by the Minister of Health and are accountable to the Minister who also appoints the Board Chairperson and Vice-

Chairperson. The current PNRHA Board was appointed on February 6, 2009 for a three-year term.

The roles and responsibilities of RHA Boards are defined in *The Regional Health Services Act*, which created Saskatchewan's health authorities in 2002. These roles and responsibilities are noted on page 5 of this Report.

Prairie North Regional Health Authority Board Members

Bonnie O'Grady, Maidstone -
Chairperson

Ross Clements, Lloydminster -
Vice-Chairperson

Joanne Berry, Lloydminster

Ben Christensen, North Battleford

Gillian Churn, Maidstone

Richard Fiddler, Waterhen Lake

Terry Lamon, Meadow Lake

Helene Lundquist, Lloydminster

Jane Pike, Meadow Lake

Leanne Sauer, Lloydminster

Donald Speer, North Battleford

Colleen Young, Lloydminster

Prairie North Regional Health Authority functions primarily as a single entity, as a full Board. The Board introduced a Finance Committee in January 2010 to assist the Board in fulfilling its financial responsibilities.

PNRHA Board members also serve as representatives on a number of committees and organizations throughout the Region. Board members report to their colleagues at regular monthly Board meetings regarding their participation in and activities of the committees.

RHA Overview

(Continued)

Community Advisory Networks

Prairie North Regional Health Authority has an important, active group of local committees, called Community Advisory Networks (CANs) or Community Health Advisory Networks (CHANs) that facilitate and support consultation with and input from local communities. The CANs/CHANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

PNHR's network of community advisory groups includes those formally established by the RHA:

- Meadow Lake and Area Community Health Advisory Network
- Lakeland Regional Community Health Advisory Network
- Lloydminster & District Health Advisory Committee;

and those established by communities:

- Paradise Hill Health Advisory Committee
- St. Walburg Health Advisory Committee
- Pine Island Lodge - Highway 16 Health Advisory Committee
- Cut Knife Health Advisory Committee.

Organizational Changes/Restructuring

In the past year, Prairie North Health Region revised its organizational structure to place greater emphasis on Continuous Safety and Quality Improvement (CSQI) and strengthen the Corporate Services portfolio (Appendix A, page 72)

A Director of Quality and Safety position was separated from Corporate Services and is responsible for CSQI, Accreditation, Quality of Care, Clinical Education, and the Region's transformational change initiatives: Lean and Releasing Time to Care™. The portfolio is directly accountable to the Region's Chief Executive Officer.

The Corporate Services sector now focuses primarily on Human Resources and Labour Relations, and Strategic Planning and Reporting.

Changes were implemented in 2010-11 to Ambulance Services in Neilburg, and to Laboratory and Diagnostic Imaging Services in Neilburg and Paradise Hill.

Under the Region's 2010-11 Budget, PNRHA had planned to consolidate Neilburg Ambulance Services with those at Cut Knife. However, after several months of discussions with community leaders in Neilburg and area, a Partnership Agreement was reached with the Villages of Neilburg and Marsden, and the Rural Municipalities of Hillsdale and Manitou Lake for PNRHA to co-manage the service with the newly created Manitou Ambulance Board. The agreement is a three-year deal beginning January 1, 2011.

Changes were implemented as planned, with ongoing monitoring and adjustment, to lab and medical imaging services in Neilburg and Paradise Hill.

Service Volumes

Prairie North Health Region continues to see growing demand for a wide variety of health services. Following is a snapshot of the volumes of health services our dedicated team of highly skilled professionals delivered in the past year:

- ✓ Care for 10,741 patients admitted to the Region's five hospitals
- ✓ Delivery of 1,783 babies
- ✓ 968 cataract surgeries
- ✓ 99,726 Emergency Room visits
- ✓ 28,882 Ambulatory Care visits
- ✓ 1.4 million laboratory tests and procedures
- ✓ 52,549 general radiography exams, including 2,680 mammography exams
- ✓ 13,120 ultrasound exams
- ✓ 50,386 hours of Home Care nursing services
- ✓ 25,509 Meals on Wheels
- ✓ 8,894 ambulance calls and over 1 million miles travelled
- ✓ 1,903 Telehealth clinics and case conferences
- ✓ 43,514 physiotherapy treatments
- ✓ 4,754 occupational therapy visits
- ✓ 2,339 speech language pathology visits
- ✓ 9,615 school immunizations

Progress in 2010-11

Prairie North Health Region is proud to report on the progress we have made over the past year toward reaching the goals and commitments set out in our Strategic Plan, in the PNHR/Ministry Accountability Document, in the Ministry's Strategic and Operational Directions for the Health Sector (SOD) document, and in other announcements and commitments made during the year.

Our priorities have been to focus on the patient and the patient experience; to continually improve and enhance the quality and safety of the care and service we provide; to improve the health of the population and collaborate with others in doing so; to strengthen and engage our workforce; and to find and improve efficiencies in the use of our resources.

We have had numerous successes and challenges in 2010-11. These successes and challenges are discussed in the performance results and measurement sections which follow. The sections also include reports on performance in areas Prairie North views as important to our progress.

Pillar 1: Health of the Individual

GOAL

Provide safe, quality and timely care and services to individuals, families and communities.

Strategy

Provide our patients with exceptional care and services.

Results

✓ PNHR implemented its Board-approved Customer Engagement and Service Expectations Framework on March 1, 2010, just prior to the start of the 2010-11 operating year. The Framework set out the Region's expectations of all of its staff and physicians in providing patients with exceptional care and service.

- Customer Engagement and Service Delivery Training was incorporated into PNHR's

Regional Orientation program for new employees. Over the past year, 90% of new employees hired by PNHR have received the training. The target is 100%. PNHR continues to work toward achieving the target.

Percentage of New PNHR Staff Who Received Customer Engagement & Service Delivery Expectations Training			
Quarter 1 April - June 2010	Quarter 2 July - Sept 2010	Quarter 3 Oct - Dec 2010	Quarter 4 Jan - March 2011
78%	85%	82%	90%

- A series of Service Delivery Training sessions was conducted for all other PNHR employees. The training identifies 15 strategies for staff and incorporates the four FISH Philosophy principles of "Be There; Choose Your Attitude; Make Their Day, and Play." A total of 124 training sessions were held with 1,595 employees participating. By year end, 60% of existing PNHR employees had received the training. The target was 100%
- Overall, PNHR achieved 79% of new hires and existing staff combined trained in Customer Engagement and Service Delivery. Significant personnel changes and shortages in PNHR's Human Resources Department, primarily in the last quarter of the operating year, had a major impact on the Region's ability to meet its target. PNHR anticipates that with Human Resource positions filled, changes made to the Regional Orientation process, and a renewed commitment, the Region will meet its 100% target by the end of 2011-12.

- ✓ A Patient Rights and Responsibilities charter has been developed in the form of a brochure and has been approved by the Region's Continuous Safety and Quality Improvement Steering Committee. The publication is to be expanded to include Employee Rights and Responsibilities so that patients and employees readily see how their respective rights and responsibilities relate. Further development and distribution of the document is planned for the coming year.

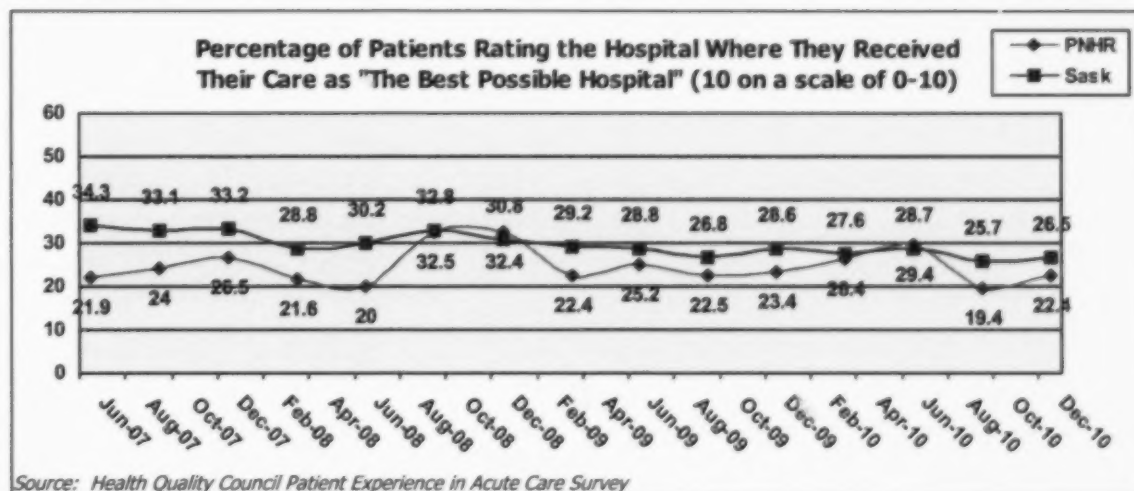


Progress in 2010-11

(Continued)

Measurement Results

Best Possible Hospital:
Percentage of Patients Rating Their Hospital
as a 10 out of 10.



This measure is related to PNH's Strategy to provide our patients with exceptional care and services.

"Best Possible Hospital" is a global measure aimed at indicating how well hospitals perform at meeting patient expectations. The measure is represented as the percentage of patients who rate service as excellent or exceptional.

Since 2007, Saskatchewan's Health Quality Council (HQC), in collaboration with health regions, has been surveying, monitoring and reporting on patient satisfaction with acute care hospital services. The survey is conducted continually and randomly with individuals who had services at an acute care hospital. Respondents participate voluntarily. Results are reported regularly to health regions.

Among numerous questions in the survey, patients are asked to rate the hospital where they received their care, on a scale of 0 to 10 where 10 is the highest rating, as the "best possible hospital."

Patients of Prairie North's five acute care hospitals have been among those surveyed.

Prairie North Health Region continues to have work to do to improve its "Best Possible Hospital" rating to achieve the provincial target of 38.37% by the end of March 2011.

At the end of the third quarter of 2010-11, 22.4% of PNH patients who received care in any of the Region's five acute care hospitals - and who responded to the survey - gave their hospital a 10 out of 10 rating. The figure is down slightly from the 23.4% rating to the end of December 2009, and below the provincial rating of 26.5% for the first three quarters of 2010-11.

The province as a whole was also short of its target and was down slightly from the patient rating of a year earlier.

Figures for the final quarter of the 2010-11 operating year were not available at the time of completion of this report.

Progress in 2010-11

(Continued)

Strategy

Achieve timely access to appropriate health care services.

Results - Saskatchewan Surgical Initiative

**SOONER
SAFER
SMARTER**



**Saskatchewan
Surgical Initiative**
Putting the Patient First

✓ Prairie North Health Region proudly participates in the Saskatchewan Surgical Initiative. As it has for the past three years, PNHR exceeded the number of surgeries to be done in the Region, by nearly 24% in 2010-11.

- The original target of surgical cases PNHR was to do was 4,500, as set out in the PNHR/Ministry 2010-11 Accountability Document.
- PNHR was allocated \$69,000 in additional SkSI funding (News Release February 2, 2011) to perform a further 60 surgeries before March 31, 2011. The allocation was to address the Region's longest surgical waitlist: dental surgery, primarily for children.
- PNHR met and exceeded both targets of 4,560 surgeries in total: 5,635 cases were done.

Surgical Cases Performed In Relation to Surgical Case Targets - PNHR				
	Actual # of Surgeries	Target # of Surgeries	Variance of Actual from Target	Actual as % of Target
2004/05	3,091	----	----	----
2005/06	4,353	4,161	+192	104.6%
2006/07	4,403	4,488	-85	98.1%
2007/08	4,739	4,291	+448	110.4%
2008/09	5,199	4,500	+699	115.5%
2009/10	5,103	4,500	+603	113.4%
2010/11	5,635	4,560	+1,075	123.6%

Source: Saskatchewan Surgical Patient Registry

- PNHR submitted a plan at the end of 2010-11 to increase day surgery and inpatient surgical volumes for the year ahead, working from an assigned base number of 5,100 surgical cases.

✓ PNHR met two of the four target time frames for surgery, as set out under SkSI. The targets are established provincially through the patient assessment process which determines the urgency level of surgical need. Priority Level 1 patients are to have their surgery within three weeks; Priority Level II within six weeks; Priority III within three months; and Priority IV within 12 months. All patients are to have their surgery within 18 months. Emergency surgical cases are not part of the Priority levels identified above and are managed separately.

- According to SkSI data, PNHR met the Level IV target of 90% of patients having their surgery within 12 months: 100% of PNHR patients had their surgery within that time frame.
- PNHR also met the Level III target of 90% of patients having their surgery within three months: 94% of PNHR patients had their surgery within the target time frame.
- PNHR did not achieve the 90% target for Level II patients to have their surgery within six weeks: 50% of PNHR Level II cases were done within the target time frame.
- PNHR also fell short of meeting the target of 95% of Level I patients to have their surgery within three weeks: 60% of PNHR surgical cases were done within the target time frame.

✓ Prairie North Health Region was one patient shy of meeting the SkSI target for 2010-11 that all patients in the province would have received their surgery within 18 months.

- At the end of March 2011, only one PNHR patient had waited more than 18 months for surgery, according to data from the Saskatchewan Surgical Patient Registry. This equates to 0.1% of the 919 people on PNHR's total year-end surgical wait list.
- Further details about surgical wait times and wait lists in Prairie North are presented on pages 13 and 14 under Measurement Results.

✓ PNHR implemented the clinical Hip and Knee Pathway, as it applies in the Region. Our involvement is primarily in the assessment of patients for the surgery, provision of therapy and

Progress in 2010-11

(Continued)

other needed services while the patient awaits the surgery, and delivery of rehabilitation services for patients after they have had their surgery. Hip and knee replacement surgeries are not performed in Prairie North.

✓ The Surgical Safety Checklist was introduced in all three of PNHR's surgical sites (Battlefords Union, Lloydminster, and Meadow Lake Hospitals) in 2010. The Checklist is a simple, powerful tool to introduce another element of safety to the patient's surgical experience. The Checklist ensures that information exchange and communication among health professionals is accurate, complete and up-to-date for the patient's surgery. The Checklist includes confirmation of patient identity prior to administration of anaesthesia, review of patient allergies, counting of instruments, sponges, and needles, and confirmation of end of surgery procedures, among many other elements.

- PNHR met the Accountability Document requirement that at least one audit of Checklist implementation be conducted. One audit was done at each of the three PNHR sites where surgery is performed. Results ranged from 75% to 100% completion of the Checklist.
- PNHR will focus in the year ahead on increasing completion of the Checklist for all surgeries, to meet the target of 100%.

✓ PNHR implemented four of the five care components in the *Safer Health Care Now!* Surgical Site Infections (SSI) bundle to reduce preventable SSIs for patients. The components deal with appropriate use of antibiotics, appropriate hair removal, antiseptic skin preparation, and normal body temperature. The fifth element relates to cardiac surgery which is not performed in Prairie North.

✓ Work progressed toward implementation of the Surgical Information System (SIS) in PNHR for early 2011-12. SIS is a computerized system that improves patient care by modernizing the delivery of surgical services at the point of patient care and assisting with surgical wait time management. SIS includes surgical scheduling, charting, supply management, patient tracking, easy access to information, and improved planning and safety.

✓ Two Lean initiatives and two Releasing Time to Care™ (RTC) projects (see pages 37 - 41 for Lean and RTC) are underway in PNHR, supporting the aims of SkSI to reduce surgical wait times and transform the patient surgical experience. The target (Accountability Document) was to have at least one Lean team focused on the surgical value stream.

- A Lean Surgical Value Stream at Battlefords Union Hospital began in late 2010-11 to map the current state of the inpatient and day surgery patient journey and to identify gaps or unnecessary time or protocols along the surgical path. A plan is to be created to expedite the surgical process, decrease patient wait times, and reduce or eliminate repetitive processes.
- The Discharge Planning Lean Value Stream at Battlefords Union Hospital has been in place since 2009-10. It continues work toward reducing the length of stay of patients in acute care to ensure that surgeries are not delayed due to lack of availability of acute care beds. A report from the project is to come in 2011-12.
- RTC was introduced on the Lloydminster Hospital Surgical Unit in 2009-10 and continued in 2010-11 to improve efficiency of care and patient and staff experience on the ward.
- Implementation of RTC began in Fall 2010 on the Surgical Unit of Battlefords Union Hospital.

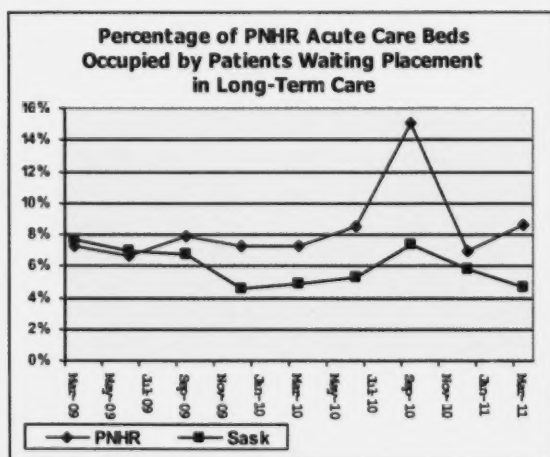
✓ PNHR worked toward reducing the number of patients in acute care beds, awaiting placement in Long-Term Care (LTC). Ensuring acute care beds are available for surgical and acute care patients is a key strategy in reducing patient waits for surgery, and optimizing the use of patient beds for those with acute care needs. The initial target, established by the Ministry of Health (Accountability Document) for RHAs for 2010-11 was no more than 2% of acute care beds occupied by clients waiting LTC placement. The target was later adjusted provincially to 3.5%.

- PNHR did not achieve the 3.5% target, despite numerous initiatives under the Region's plan that had been initiated in 2009-10. Demand for LTC placement in the Region continues to exceed the supply of available LTC beds.

Progress in 2010-11

(Continued)

- The rate in Prairie North stood at 7.3% at the end of March 2010, and remained relatively steady through the first few months of 2010-11. The rate jumped sharply to 15.1% by the end of September 2011. PNHR implemented additional measures to enhance access to LTC and was successful in reducing the waiting placement percentage to its previous level of around 7%.
- Among the additional measures implemented is requiring patients waiting placement in hospital for LTC beds to take the first available bed in PNHR to wait for a LTC bed opening in their home community. PNHR is making more use of respite and short stay beds in its rural and LTC facilities to accommodate people waiting for permanent LTC placement. PNHR has also tried to decrease the amount of time a LTC bed remains vacant by allowing no more than 24 hours between the time a bed becomes empty and when a new client begins occupancy. The Region has expanded the days on which LTC facilities take new clients, from five to six days per week.
- By the end of March 2011, the percentage of Prairie North's acute care beds occupied by patients waiting placement in LTC stood at 8.6%.



- Overall, PNHR's rate of acute care beds occupied by patients waiting placement in LTC remains above the provincial level, which has steadily declined since June of last year. In 2010-11, the provincial rate by quarter stood at

5.3% at the end of June, then 7.4%, 5.8%, and declining to 4.7% at the end of March 2011.

✓ PNHR worked to ensure that access to specialized diagnostic imaging services including Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) is not a barrier to reducing surgical wait times and wait lists, nor to accessing care and treatment that patients need.

- PNHR exceeded the provincial target identified in the SOD document of performing all elective CT scans within 90 days. On average, all elective CT scans in PNHR were performed within 12.75 days. The longest wait was 21 days and the shortest was seven. Year over year, PNHR reduced the wait time for elective CTs from 21 days at the end of 2009-10, to 10 days at the end of 2010-11. PNHR provides CT service in North Battleford and Lloydminster.
- PNHR also exceeded the volume of CT service the Region was to provide to patients in 2010-11, as set out in the Accountability Document. The following chart details PNHR's success in meeting its CT patient volume targets since the service began in the Region in 2005-06.

Number of Patients as a Percentage of Target for CT Services – PNHR

	Actual Number	Target Number	Actual as % of Target
2005-06	698	1,125	62.0%
2006-07	3,578	3,830	93.4%
2007-08	4,876	3,860	126.3%
2008-09	4,260	4,636	91.9%
2009-10	6,768	5,155	131%
2010-11	6,995	5,155	136%

- The target number of 250 Saskatchewan patients to receive MRI service at Lloydminster (Accountability Document) was exceeded in 2010-11. A total of 351 Saskatchewan patients had their MRIs done at Lloydminster in the past year. The additional service was at the request of Prairie North Health Region to help reduce the wait time at Lloydminster for an MRI. During its last two visits to the Border

Progress in 2010-11

(Continued)

City, the Mobile MRI provided expanded service and was successful in reducing the wait time from 50 weeks, to 22. All cases requested through the mobile MRI are considered elective; the service does not support urgent MRI cases.

Number of Saskatchewan Patients & Exams as a Percentage of Target for MRI Services – PNHR			
	Patients - Actual	Patients - Target	Patients Actual as % of Target
2008-09*	286	208	137%
2009-10	393	250	157%
2010-11	351	250	140%
	Exams - Actual	Exams - Target	Exams Actual as % of Target
2008-09*	Data Not Available for 2008-09		
2009-10	453	380	119%
2010-11	415	380	109%

* Data represents 11 months of operation.

- PNHR has no control over wait lists or wait times for the Lloydminster MRI service. Because of this, the wait time for elective MRIs at Lloydminster is not included in the Saskatchewan target of having all elective MRIs performed within 90 days. The service at Lloydminster is provided by a Mobile MRI unit which is operated by Alberta Health Services and visits Lloydminster Hospital one week in every five under a unique partnership between Alberta and Saskatchewan. With funding from our province's Ministry of Health, PNHR pays for scans provided by the mobile MRI service at Lloydminster for residents of our province. The service began in May 2008.
- Four hundred ninety (490) Saskatchewan patients had Bone Mineral Density (BMD) exams in Lloydminster in 2010-11. The PNHR/Ministry Accountability Document set out an expected patient volume of 920. The service is provided at a private clinic in the Border City. The Ministry provides funding for PNHR patients to access the service close to home. As with MRI services in Lloydminster, PNHR has no control over patient wait times or wait lists for the service. The current wait time for BMD in Lloydminster is about two weeks.

Measurement Results

Saskatchewan Surgical Initiative

Number of Patients Waiting Longer than 18 Months for Surgery

Number of Patients Waiting Longer than 12 Months for Surgery

These measures are related to PNHR's strategy to achieve timely access to appropriate health care services.

The measures focus specifically on access to surgical services, and support the Saskatchewan Surgical Initiative (SkSI) which has as its ultimate goal to transform the patient surgical experience and reduce surgical wait times to three months in four years.

All of the results and activities reported on thus far in this report under PNHR's strategy to **"Achieve timely access to appropriate health services"** impact the surgical wait time measures. All are intended to positively transform the surgical experience and reduce surgical wait times.

The graph on the following page shows that while PNHR had one person on its surgical wait list who had waited more than 18 months for surgery, the Region has for the past two years been very close to having no one wait more than 18 months for surgery. The numbers on the graph show:

- 4 people waiting at the end of March 2009;
- 2 people waiting as of September 2009;
- 5 at the end of March 2010;
- 3 at the end of September 2010; and
- 1 at the end of March 2011.

The graph also shows that as of March 31, 2011, 20 people had waited more than 12 months for surgery in PNHR, up from 10 a year earlier. The numbers on the graph show:

- 16 people had been waiting more than 12 months for surgery as of March 31, 2009;
- 15 people were waiting more than 12 months as of September 30, 2009;
- 10 were waiting as of March 31, 2010 and September 30, 2009; and
- 20 had waited more than 12 months as of the end of March 2011.

Progress in 2010-11

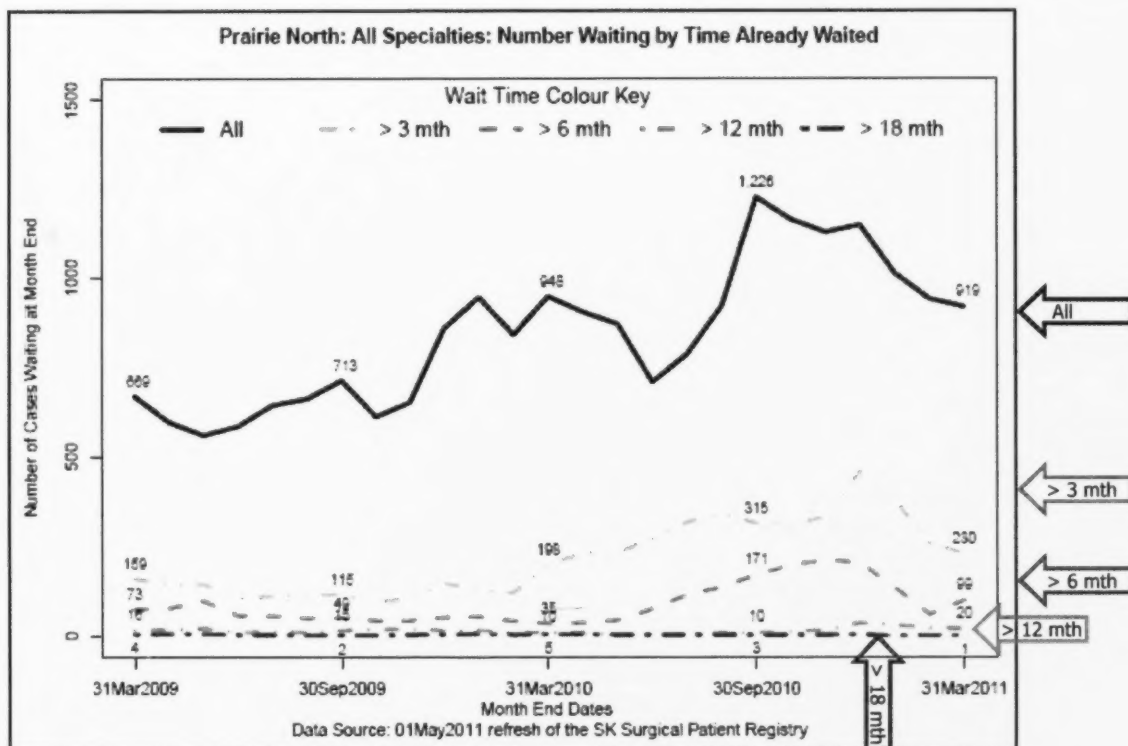
(Continued)

The counts are of the number of patients waiting for surgery in PNHR operating rooms. The trends are shown for snapshot dates at the end of each month. The wait time calculation is based on the booking date and the last day of each month. Patient unavailable days are subtracted from the wait time.

Note:

The exact numbers for patients waiting more than 12 months, and patients waiting more than 18 months, for surgery in PNHR are provided and referenced on the preceding page (13).

The graph and data are used with permission of the Saskatchewan Surgical Patient Registry.



Strategy (continued)

Achieve timely access to appropriate health care services. (continued)

Results - Primary Health Care

✓ Over the past year, Prairie North Health Region has maintained the access its residents have to Primary Health Care (PHC) services and teams. While the percentage of residents within geographic proximity to PHC teams at the end of 2010-11 (51.43%) has fallen slightly from that recorded at the end of 2009-10 (54.84%), the lower number is due to PNHR's total population

growth to 77,745 residents. Most of that growth is in the Lloydminster area of the Region where PNHR has yet to establish a Primary Health Care site and PHC teams.

✓ Lloydminster remains the only area of PNHR without local access to Saskatchewan's Primary Health Care system. In response to a continual need for family physician and other health care services in the always growing community, Prairie North partnered with the Lloydminster Region Health Foundation (LRHF) to commission an

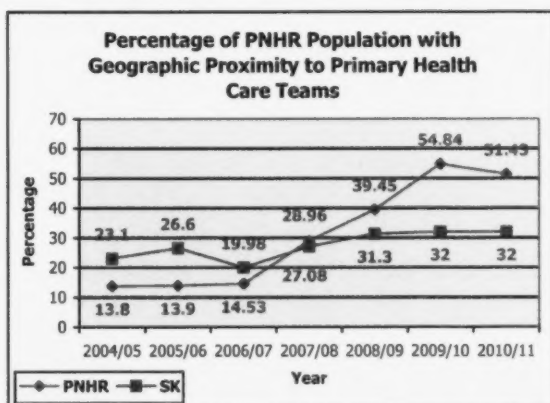
Progress in 2010-11

(Continued)

external review. The purpose was to assess the current and anticipated need for primary care, including family physician services, at Lloydminster and to recommend potential strategies to effectively meet the needs. The report was to be completed by the end of March 2011 and presented to the PNRHA and LRHF Boards in early April.

✓ Throughout 2010-11, PNHR focused on further development of its seven existing PHC teams and sites which provide services through:

- Battlefords Family Health Centre, North Battleford
- Primary Health Centre / North Battleford Medical Clinic
- Goodsoil Medical Clinic, Goodsoil
- Loon Lake Medical Clinic, Loon Lake
- Maidstone Health Clinic, including Cut Knife, Lashburn, Neilburg, and Paradise Hill
- Meadow Lake Associate Clinic, Meadow Lake; and
- Turtleford Medical Clinic including Edam and St. Walburg



✓ Attaining and maintaining adequate numbers of physicians and nurse practitioners remained a significant barrier to timely access for patients to PHC services, and continued to put pressure on existing care providers, particularly in the Meadow Lake and Turtleford PHC sites.

- Physician and nurse practitioner (NP) recruitment is ongoing. PNHR has developed and implemented a "Grow Our Own" strategy for recruitment of NPs and is offering

incentives and support for local registered nurses (RNs) who wish to take the NP training. As of March 31, 2011, five Prairie North RNs have accessed or are accessing the "Grow Our Own" support.

- PNHR is incorporating registered nurses working to their full scope of practice into PHC teams to provide case management services, increase education opportunities to patients, and support patient self management of chronic diseases.

- Shared (group) medical appointments for patients with diabetes have been implemented at the North Battleford Medical Clinic/Primary Health Centre with good success. The model is being expanded to other sites.

✓ PNHR participated in the Patient Experience Survey conducted with all PHC sites in the province, with the goal of obtaining 200 respondents from each site (Accountability Document). All seven sites in Prairie North took part in the initiative, with a total of 728 surveys received.

- In PNHR by PHC site, 88% to 93% of respondents said they could reach a medical/primary health care clinic within 30 minutes driving time from their home.
- Respondents indicated that when health care services are not available at the PHC clinic, 40% to 94% by site access services at an emergency department.
- Respondents indicated that service not being available was the greatest barrier to accessing health care. Clinic hours and transportation were also rated highly as barriers to health care access.
- In all Prairie North PHC clinics, fewer than half of respondents have used Saskatchewan's HealthLine. In some sites, less than 20% used HealthLine.

✓ PNHR made progress toward adoption of the new PHC System Information Technology (IT) Solution (Accountability Document). Use of an electronic medical record (EMR) improves patient safety, and integration and coordination of care.

Progress in 2010-11

(Continued)

Although several PHC sites in Prairie North have used an EMR, all primary health care sites in the Region are moving to the identified Saskatchewan PHC IT Solution.

- Implementation has been completed in Meadow Lake and Loon Lake PHC sites. Expansion of the system to all other PNHR PHC sites is planned for 2011-12.
- Training in health information protection is provided to all PHC clinic staff to ensure patient information in the EMR is kept confidential and safe.

✓ Prairie North Health Region participated in provincial consultations toward Primary Health Care redesign (Accountability Document). PNHR's Chief Executive Officer is a member of the Core Committee for PHC Redesign and is a member of the Physician Engagement Working Group. PNHR's Vice President of Primary Health Services is participating on the Chronic Disease Prevention and Management Working Group.

✓ Two PNHR officials also participated on the Saskatchewan Study Tour of Southcentral Foundation (SCF) in Anchorage, Alaska. The SCF philosophy and successes have been shared with PNRHA Board members, staff and partners. The Region will be working with its PHC sites to redesign services based on the SCF experience.

✓ Prairie North Health Region has improved its access to appropriate health care services for stroke patients, focusing on prevention and on rehabilitation (Strategic Plan).

- A working group was established to develop a protocol to care for patients presenting with Transient Ischemic Attack (TIA) - stroke. Proper early treatment of TIA can result in a much lower risk of having a subsequent stroke. A TIA policy and procedure has been prepared for improved patient navigation through the system after a TIA. The work is recommended to be combined with the existing Emergency Services Protocol and Stroke Protocol to create one consistent and complete stroke policy for PNHR.

- Outpatient Stroke Rehabilitation services have been expanded and improved. Coordinated Stroke Rehabilitation Clinics were launched in Lloydminster, The Battlefords and Meadow Lake in February 2011. Service is available for patients one half-day each week in The Battlefords and Lloydminster, and every two weeks in Meadow Lake. The Clinics include one-to-one client stroke education and Living With Stroke classes, along with coordinated therapy appointments, and regular ongoing assessment and follow-up. A single referral point has been established to improve patient access, coordination, and navigation through the health care system following a stroke. Living With Stroke classes are offered several times per year in all three locations.

Client response has been positive:

"(They) picked me up and set me back on my feet again so I could carry through with my recovery."

Clinic team members report positive feedback:

"I have noticed that when a client is given the right information and knowledge, we see the client use that knowledge to improve their life, or become more effective in caring for themselves in activities of daily living or being able to better manage their disease. It is inspiring and rewarding."

Results - Mental Health and Addictions

✓ Prairie North Health Region continues to participate in work toward development of a new provincial Mental Health Strategy to achieve timely access to appropriate health care services (PNHR Strategic Plan and SOD document).

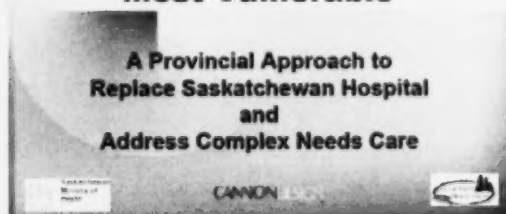
- PNHR Mental Health Program leaders are participating in the Ministry-lead Lean value stream work for mental health services.

Progress in 2010-11

(Continued)

- To help inform the pending strategy, PNHR completed and submitted to the Ministry the report regarding re-scoping of the Saskatchewan Hospital replacement project. Titled *"Charting a New Course for Mental Health's Most Vulnerable,"* the report sets out a provincial approach to replace Saskatchewan Hospital North Battleford (SHNB) and address complex needs care. The re-scoped project has broadened to become more of a provincial strategy for psychiatric mental health rehabilitation across the continuum of services, and recognizes that the demand for mental health services is increasing. In addition to the recommendation for a new psychiatric rehabilitation facility, a key consideration included the changing approach in mental health toward a recovery model of patient care, with as much care available close to home as possible. The plan will facilitate increased client access to SHNB and timely discharge of patients when rehabilitation service is complete. The continuum of Mental Health Services within the province would be greatly enhanced. The Executive Summary of the report is available at www.pnrha.ca under Publications. Further information about the SHNB replacement project is available on page 34 of this Annual Report.

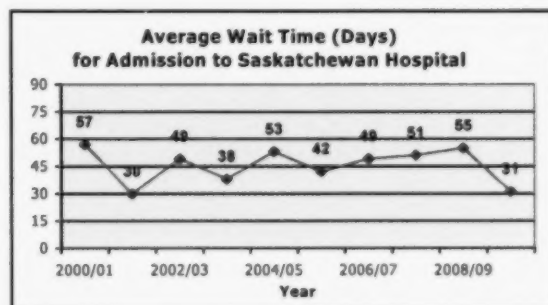
Charting a New Course for Mental Health's Most Vulnerable



✓ The average wait time for client admission to Saskatchewan Hospital was 31 days in 2009-10, the most recent year for which statistics are available.

- The figure is down nearly 44% from the previous year. The wait time does not include

admissions to the Hospital's Forensic Unit. Individuals are admitted to Forensics directly by order of the Justice system. Wait times for admission to the Forensic Unit are minimal. The average wait time for all other admissions to SHNB varies from year to year, depending on factors such as the availability of beds for placements, progress of individual clients toward discharge from the program and the ability to discharge clients back to their home communities. SHNB functions at capacity with few, if any, beds vacant to accommodate immediate admissions.



- A total of 166 clients were admitted to SHNB in 2010-11, 132 (79.5%) of whom were admitted to the Forensic Unit. The numbers are virtually on par with those of the previous year, when 163 admissions occurred, 130 (80%) of which were to Forensics.
- An increasing number of clients being admitted to SHNB, mostly through Forensic Services, are identified as having complex needs. Complex needs persons are most often treatment resistive and very difficult to manage. To help ensure appropriate, safe care and service for these clients, SHNB has added approximately 20 full-time equivalent staff positions. Collaboration with Community Living Services Delivery of the Ministry of Social Services continues to be critical in assessing, planning, and assisting SHNB to meet the needs of these clients.

✓ PNHR received \$168,000 in enhanced funding to support mental health approved homes and residents (Accountability Document). PNHR provided the additional funding to the Edwards Society Inc. in North Battleford and to the Libbie

Progress in 2010-11

(Continued)

Young Centre Inc. in Lloydminster to strengthen the housing continuum in the Region for mental health clients and to increase services to clients. The additional dollars also assisted both organizations to present balanced budgets.

✓ Prairie North Health Region integrated outpatient addictions services in Lloydminster with Mental Health Services in the community, effective April 1, 2011, after the Walter A. "Slim" Thorpe Recovery Centre Inc. ceased to provide outpatient addictions counseling services as of the end of the 2010-11 fiscal year. The Thorpe Centre advised both Prairie North and Alberta Health Services in December 2010 that the Centre would no longer be providing the outpatient services for either Saskatchewan or Alberta residents.

- To maintain access for clients to outpatient addictions counseling services, PNHR committed to using its \$225,000 in Saskatchewan funding previously provided to the Thorpe Centre, to at least maintain services for Saskatchewan residents. Plans included hiring of two full-time addictions counselors and a full-time office assistant.
- PNHR was successful in securing commitment from Alberta to provide to Prairie North the \$200,000 in annual funding Alberta previously contributed to the Thorpe Centre to deliver outpatient addictions services for Albertans. With both sources of funding, PNHR is able to hire additional counselors and maintain seamless outpatient addictions counseling services for all residents of Lloydminster SK/AB and area.

✓ In collaboration with local physicians, program staff, and hospital management, PNHR was successful in improving patient access to and utilization of the Robert Simard Social Detox Unit and its services in Meadow Lake. Occupancy of the four-bed unit located within the Northwest Health Facility rose from 50% at the start of 2010-11, to 80% by year end. The Unit had been facing potential closure under the Region's operating budget because of low utilization.

- With the support and cooperation of physicians, changes were implemented to the

admissions policy for the unit, making access to the service easier for clients.

- Referrals to detox services in Meadow Lake are seen within five days. On average, all referrals to Addictions Services in Meadow Lake are seen within the same time frame.

Results - Rehabilitation Services

✓ Respiratory Therapy Service was implemented at Lloydminster Hospital, with hiring of a full-time respiratory therapist.

- Two sleep machines were purchased and are being used at Lloydminster Hospital. Within a month of their introduction, both machines were being utilized at 100% capacity. The machines are able to provide an analysis of sleep behaviours and reduce patient need to attend sleep labs in Saskatoon or Edmonton. Patients are assessed by the respiratory therapist and, if determined necessary, take a sleep machine home for a night, during which time their sleep behaviours are assessed. The machine is returned to the respiratory therapist who retrieves the data and determines the most appropriate intervention.

Strategy

Continuously improve health care safety in partnership with patients and families.

Results - Accreditation

✓ Prairie North Health Region achieved Accreditation with Condition, following its third Regional Accreditation Survey May 31 - June 4, 2010 (PNHR Strategic Plan and SOD Document). A team of peer reviewers with Accreditation Canada visited the Region reviewing documentation and speaking with patients, residents and clients, staff and physicians, community partners and affiliate organizations of PNHR. The reviewers, who are health care professionals, assessed PNHR's compliance with Accreditation Standards and Required Organizational Practices (ROPs) for health care organizations. The process helps the

Progress in 2010-11

(Continued)

Region better understand its status in terms of continuous safety and quality improvement (CSQI) in the provision of quality health care. The review assesses the Region in terms of its understanding of the requirements, what is being done well, what needs to be improved, and what next steps are required to make the necessary improvements.

- The Accreditation Conditions required that PNHR submit evidence by November 3, 2010 and May 3, 2011 of additional work necessary to meet some of the unmet Accreditation standards/ROPs. PNHR submitted its first report for the November 3rd deadline and was given an extension to complete work relating to infection prevention and control - specifically hand hygiene practices, monitoring, and reporting - as well as falls prevention in Long-Term Care and Mental Health Services. Work was underway to complete requirements for the May 3, 2011 report.

***Accreditation demonstrates
the Health Region's commitment
to safe, quality health care and service
to our patients, residents and clients,
to our staff,
and to our communities.***

✓ PNHR developed and implemented a Board-approved plan for ensuring compliance with relevant Accreditation Canada and Canadian Standards Association (CSA) health care standards for infection prevention and control (Strategic Plan and SOD). The goal of the plan is to improve patient safety and outcomes by preventing and controlling the spread of health care-associated infections; to promote awareness of the principles of preventing and controlling spread of infection among patients, residents and clients, staff, and visitors; and to reduce the risks for client infections related to the use of devices and procedures performed during their care. Under the plan, PNHR has:

- Reviewed and revised the Infection Prevention and Control Manual, and made it more accessible to all PNHR staff and physicians.

- Improved and expanded its surveillance program for healthcare-associated infections (HAIs) in acute care hospitals and LTC sites. The LTC infection surveillance program was instituted in all PNHR LTC facilities. Regional HAI rates are now more widely communicated and accessible to patients and staff, in accordance with the performance measures set out by Accreditation Canada.

- PNHR's Infection Prevention and Control Coordinators are now involved in the Region's site construction and renovation projects to minimize the risk of infection for patients, residents, clients, visitors, health care providers, and construction/renovation workers during the projects. Infection Prevention and Control Plans are developed and implemented, in collaboration with project officials. Infection Prevention and Control was involved in 16 large PNHR construction or renovation projects in 2010-11, plus numerous other smaller projects. In follow-up to its first course in 2009-10, PNHR hosted a *CSA Fundamentals of Infection Control During Construction, Renovation or Maintenance in Health Care Facilities* course in North Battleford in 2010-11. The course was very well attended.

✓ PNHR has developed and implemented a comprehensive hand hygiene strategy (Strategic Plan) as part of the Infection Prevention and Control Plan. A multidisciplinary PNHR Hand Hygiene Team has been established, and initiated an awareness campaign to educate patients, care providers, and visitors to our health care services and sites about the importance of proper hand hygiene, what constitutes proper hand hygiene, and what the risks are of not following proper hand hygiene.

- Dispensers for alcohol-based hand rub were installed throughout PNHR facilities and sites, with the sanitizer now easily accessible for all persons in Region locations, particularly at point-of-care.
- Two audits - one in November 2010 and one in March/April 2011 - were done in each PNHR facility to assess whether health care providers conduct proper hand hygiene at the right "moments":

Progress in 2010-11

(Continued)

- Before contact with a patient or patient environment;
- Before doing a patient procedure that requires absolute cleanliness (a sterile or aseptic procedure);
- After exposure to body fluids; and
- After contact with a patient or patient environment.

The November audit established PNHR's baseline hand hygiene compliance rate. The March/April audit was to determine if the compliance rate had improved.

✓ PNHR has established a strategy to ensure compliance with Accreditation Canada ROPs and CSA standards for sterilization (Strategic Plan), as part of the Region's Infection Prevention and Control Plan. Work has been initiated to:

- Identify and establish policies and procedures for cleaning and disinfection of mobile client equipment;
- Audit compliance with policies on decontamination of reusable medical devices;
- Audit compliance with effective sterilization processes, including quality checks and documentation;
- Develop a process for recalling sterilized items;
- Regionalize endoscopy policies and procedures using best practice guidelines; and
- Ensure the endoscopy maintenance program is supported with documentation.

✓ Prairie North has begun implementation of a formal Medication Reconciliation (MedRec) program in compliance with Accreditation Canada standards to prevent medication errors (Strategic Plan and SOD Document). MedRec is a formal process of obtaining a complete and accurate list of each patient's current home medication; using and comparing that list when writing admission, transfer and/or discharge medication orders; and identifying and bringing any discrepancies to the attention of the prescriber and, if appropriate, making changes to the orders. Any resulting

changes in orders are documented. In Saskatchewan, taking a "Best Possible Medication History" includes referring to medication recorded on the provincial Pharmaceutical Information Program (PIP).

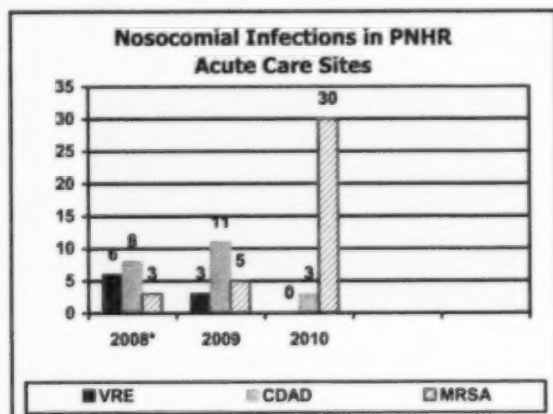
- PNHR now reports to the Ministry on Medication Reconciliation on admission of patients to hospital and on treatment of patients in hospital Emergency Departments. While all five of PNHR's acute care hospitals in Lloydminster, Maidstone, Meadow Lake, Turtleford, and North Battleford have implemented the MedRec process, none have yet met the provincial target of 95% of patients having had a "Best Possible Medication History" taken upon entry/admission. The results of audits in February and March 2011 to determine the rates of compliance with the MedRec requirement show - for four of the five hospitals - anywhere from 18% to 90% of patients receiving MedRec on admission. One facility did not have any MedRec forms on patient charts audited for March. The Region will focus in the year ahead on strengthening its MedRec program to improve compliance.
- Saskatchewan Hospital has also implemented the MedRec program and audit results for March 2011 show medication reconciliation was completed on 92% of patients admitted.
- PNHR has gone further in requiring implementation of MedRec in all of its facilities and programs. However, March 2011 audits show that implementation is just beginning in Long-Term Care facilities and has yet to begin in Home Care. The Region's overall rate of MedRec on admission for all PNHR facilities and programs is 27%.

Progress in 2010-11

(Continued)

Measurement Results

Nosocomial Infections in PNHR Hospitals - Battlefords, Lloydminster and Meadow Lake



* Note: 2008 Numbers do not include Meadow Lake data.

This measure relates to PNHR's Strategy to continuously improve health care safety in partnership with patients and families.

A nosocomial infection is an infection acquired in hospital by a patient who is admitted for a reason other than that infection. The infection becomes evident 48 hours or more after the patient is admitted or appears after the patient is discharged from hospital.

PNHR's Infection Prevention and Control Program aims to reduce the number of infections patients acquire while in our facilities.

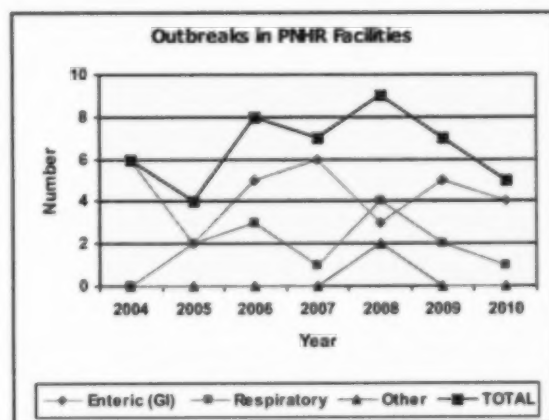
PNHR monitors and reports on nosocomial infections within its three main hospitals: Battlefords Union, Lloydminster, and Meadow Lake. The organisms monitored are methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and Clostridium difficile (CDAD).

The measurement results show that the number of nosocomial VRE cases in Prairie North's three largest hospitals remains low; the number of nosocomial CDAD cases was in 2010 at its lowest level in the past three years; and the number of nosocomial cases of MRSA continues to rise in all three facilities. Changes in the definition of

nosocomial infections may account for some of the yearly differences.

PNHR actively contributes to provincial initiatives aimed at accurately identifying and reporting these infections and developing effective interventions to decrease their incidence in our facilities.

Outbreaks in PNHR Facilities



This measure reflects PNHR's Strategy to continuously improve health care safety in partnership with patients and families.

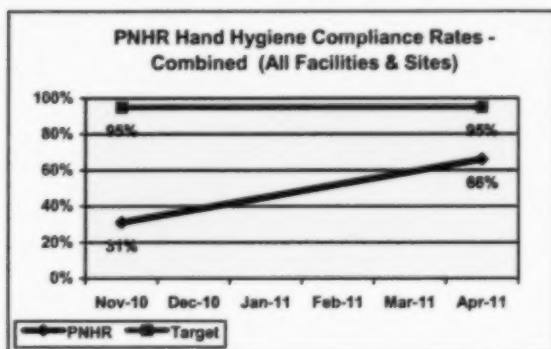
Outbreaks of infectious disease are not uncommon in health care facilities. As Prairie North continues to strengthen its Infection Prevention and Control Program, the Region experienced another decline in the number of infectious disease outbreaks in its hospitals and long-term care homes. Four enteric (gastrointestinal) outbreaks occurred in 2010; one respiratory outbreak was declared, and no other outbreaks such as scabies or conjunctivitis occurred in PNHR sites.

In total, the number of outbreaks in PNHR facilities in 2010 was five - down from a high of nine in 2008 and a low of four in 2005. PNHR has guidelines in place to help determine the source of any outbreak in its facilities and to limit the spread of infection as quickly as possible to minimize illness and deaths of residents, patients, and staff.

Progress in 2010-11

(Continued)

PNHR Hand Hygiene Compliance Rates



This measure also relates to Prairie North's Strategy to continuously improve health care safety in partnership with patients and families.

PNHR has improved its overall hand hygiene compliance rate by 113% from its first audit in November 2010, to its second audit in March/April 2011. The initial audit of 19 facilities and sites established the Region's baseline compliance at 31%. The audit was conducted by members of the trained hand hygiene auditing team. The second audit assessed the same sites in the same manner and recorded the dramatic improvement. PNHR's overall target for hand hygiene compliance is 95%. Compliance rates for individual facilities and sites varied in the second audit from 8% to 100%.

Progress in 2010-11

(Continued)

Pillar 2: Health of the Population

GOAL

Work with individuals and communities to improve the health of the population.

Strategy

Expand healthy lifestyle and disease prevention practices and choices.

Results

✓ Prairie North Health Region has developed a comprehensive Tobacco Control Strategy (Strategic Plan), consistent with the Provincial Tobacco Reduction Strategy which aims to reduce tobacco use in Saskatchewan.

- PNHR's Tobacco and Smoke-free Policy was developed by an interdepartmental working group, and was approved by the PNRHA Board on March 30, 2011.
- The policy comes into effect on April 1, 2011 and will be implemented in phases over the next nine months. The strategy culminates on Weedless Wednesday, January 18, 2012 when all PNHR property will become tobacco and smoke-free. As of that date, no smoking or tobacco use will be permitted in Prairie North Health Region buildings, on grounds, or in parking areas at any time.
- An implementation and communication plan is in place to encourage and support PNHR employees, physicians, and patients to become tobacco and smoke-free, and to comply with the provisions of the policy. The policy aims to foster an environment that protects individuals from second-hand smoke and reinforces a social norm of being tobacco-free. The policy establishes help and support for clients, PNHR employees, and physicians who wish to stop using tobacco products. The policy respects and supports traditional use of sacred medicines in First Nations healing ceremonies.

**NO SMOKING,
January 18, 2012
NO BUTTS!!**

✓ A Regional strategy has been developed and is being implemented to address increases in sexually transmitted diseases (STDs) and Human Immunodeficiency Virus (HIV) rates (Strategic Plan).

- A Regional sexual health/harm reduction nurse was hired in September 2010 and has worked to build and maintain collaborative relationships with individuals and agencies in Prairie North and surrounding Regions. Avenues are being explored to improve access to sexual health and needle exchange services throughout PNHR (Accountability Document).
- Policies and procedures were developed and implemented for sexual wellness and harm reduction services for at-risk clients in Meadow Lake and area. A half-day per week drop-in clinic with a Public Health Nurse is to be implemented early in 2011-12 at the Primary Health Clinic in Meadow Lake, improving access to sexual health testing and treatment.
- To meet best practice guidelines for needle exchange and harm reduction, additional supplies and educational resources have been made available to clients in Meadow Lake and North Battleford.
- Needle drop boxes were installed in two sites in North Battleford and one in Meadow Lake to increase community access to safely dispose of used needles and reduce the risks posed by needles being found in the community.

✓ PNHR continues to support and implement provincial strategies aimed at improving the nutritional health of children, especially in at-risk populations; improving dental health; and promoting healthy weights (Strategic Plan and SOD).

- The Salad Bars in School program expanded to another three schools in PNHR, bringing to 12 the number of schools in the Region providing salad bars as a healthy lunch alternative. Plans are in place to continue expansion of the program in 2011-12.
- PNHR supported and participated in production and release of *The Cost of Healthy Eating in Saskatchewan 2009: Impact on Food Security* report in April 2010, and in the subsequent

Progress in 2010-11

(Continued)

report *The Cost of Healthy Eating in Northern Saskatchewan*. School snack scenarios are under development to identify the cost of serving a healthy snack to students at schools across the province.

- PNHR recorded the highest number of participants and schools in the province participating in the Fluoride Mouth Rinse Program: 4,696 students between Kindergarten and Grade 12 in 31 schools.
- PNHR has Fluoride Varnish Program sites in five locations in Lloydminster, Meadow Lake and North Battleford. Further expansion is planned for Lloydminster and Turtleford. Fluoride varnish is a protective coating that is painted directly on children's teeth to prevent or slow tooth decay.
- All licensed day cares and day homes in Prairie North were invited to participate in PNHR's Toothbrush Program. Eleven schools, day cares and group homes are currently participating in the program: 844 toothbrushes are provided and replaced every three to four months.
- A pilot project has been launched to bring oral screening and assessment to residents in Long-Term Care facilities in PNHR. The program was developed by the Region's Speech Language Pathologist (SLP) and Dental Health Educator (DHE). The aim is to ensure that each LTC resident is receiving adequate daily oral care and to reduce the number of aspiration pneumonia deaths in LTC facilities. LTC staff are taught to recognize a healthy versus unhealthy mouth and normal versus abnormal oral health, and when to refer a resident for outside observation or treatment. After the oral screening/assessment and with the assistance of the SLP and DHE, an individualized oral care plan is developed for each resident to meet his or her specific oral health needs.

✓ PNHR strengthened its efforts to enhance child immunization rates (Strategic Plan). Immunization is an essential primary health service that reduces the amount of disease in communities, lowers the severity of illness and the frequency of hospitalization, and decreases health care costs. To protect the public, the Public Health Agency of

Canada recommends 95% immunization coverage for children by age two.

- The Health Region chose as its target to increase the immunization rate for two-year-old children for measles, mumps, and rubella (MMR) by 2% - 3% per year from 2011 to 2016. PNHR's 2009-10 MMR immunization rate for the two-year-old age group was 59.26%, one of the lowest immunization rates for two-year-olds in Saskatchewan.
- The Region's Immunization Working Group implemented numerous measures to maximize access to immunization including reminder letters and phone calls to parents; increased follow-up on children who had not had their two-month and 20-month immunizations, introduction of child health clinics in community schools to increase access for high risk clients; offering specific preschool immunization clinics; and participating in Teddy Bear immunization and awareness clinics.
- The success of these initiatives has yet to be determined, as immunization rates for the 2010-11 year were not available at the time of preparation of this Report.

✓ PNHR has developed and begun implementation of a comprehensive injury prevention strategy (Strategic Plan and SOD). The program aims to reduce the number of falls within Prairie North facilities and communities, ensuring a safe environment while maintaining the highest level of independence for our patients, residents, and clients and supporting the best quality of life with the least amount of risk.

- A regional Falls and Injury Prevention Coordinator has been hired to establish regional consistency in PNHR's approach to falls and injury reduction, as well as to link the program with provincial and national falls prevention agencies.
- A falls prevention model was implemented in all LTC and acute care facilities, as well as in Home Care. The coming year will focus on achieving compliance with the requirements of the program in all PNHR facilities, and expanding the program to begin reducing falls in the community.

Progress in 2010-11

(Continued)

✓ PNHR has made progress in the past year in strengthening and enhancing the Region's Chronic Disease Management (CDM) Program.

- The **Live Well With Chronic Conditions™** program was re-activated with hiring of a new coordinator. **Live Well** is a six-week program to support self management of people who have chronic conditions. Two Peer Leader training sessions were held, resulting in six leaders trained. Eight client sessions were held in three communities, with 60 people participating.
- Several Diabetes Education Sessions for Health Care Professionals were held throughout the Region in 2010-11, with 111 people taking part. The sessions serve to update and improve the knowledge and skills of health care providers about diabetes and the care and treatment of clients with the disease. More of the education sessions are planned for the year ahead.
- The Shared (Group) Medical Appointment for patients with diabetes was initiated at the Primary Health Centre in North Battleford. A physician, nurse practitioner, and diabetes nurse educator teamed up to introduce and provide the new approach for diabetes care and management. Patients are offered the option of having their regular diabetes appointment be in a group setting with a multi-disciplinary team. Four shared medical appointment sessions were held in 2010-11, with 53 patient participants.

The Shared Medical Appointments have been so successful and so well received by patients that by January 2011, it was evident that monthly sessions are needed to accommodate at least three different groups of patients.

The original plan was to run the shared appointments every three months for the same group of patients.

- The **Strides to Better Health** (Strides) Program was launched in PNHR in early 2010-11. The program is for individuals with chronic conditions who will benefit from exercise. A total of 92 people have so far taken part, and attendance is growing as awareness of the program expands. Agreement has been made with the Saskatoon Cardiac Rehab Program to provide education, staff development and program support to Strides to increase its capacity to accept cardiac rehab patients. Plans are to expand the program in the year ahead to include more at-risk clients. An exercise specialist is to be hired and reporting templates have been developed to show both outcome and process indicators (results). In conjunction with the Strides program, Respiratory Therapy has been running a weekly pulmonary rehabilitation program in The Battlefords. This program will be expanded to Lloydminster and Meadow Lake once staffing becomes adequate.

Strategy

Build ownership with individuals, communities and partners for improving population health status.

Results

✓ PNHR's Autism Spectrum Disorder (ASD) Program, established in 2009-10 (Strategic Plan) was fully staffed in the past year and delivered services to 38 clients, two-thirds of whom were school-age. The program focused on building capacity in the community to provide school staff, caregivers, and families the skills and resources needed to support children affected by Autism.

- A four-day Picture Exchange Communication (PEC) workshop was held in Lloydminster with 110 participants including parents of autistic children, and representatives from day cares, school divisions, family support and service organizations, and the Health Region.

Progress in 2010-11

(Continued)

- In partnership with the Ministry of Health, an Advanced PEC training course was held in North Battleford, with 70 participants.
- Four PNHHR Autism Program staff members are enrolled in a certificate program in autism intervention, sponsored by the Ministry of Health. The course will be completed in July 2011.
- PNHHR is partnering in the North Central Enhanced Autism Pilot Project based in Saskatoon. Prairie North will benefit from the partnership by addition of an Autism Support Worker and Speech Language Pathologist (SLP) consultant based in Lloydminster. The Autism Services Team has access to a specialized ASD central team consisting of a paediatrician, SLP, occupational therapist, and a behaviourist. A consumer is also part of the program.
- ✓ Prairie North Health Region formed a partnership with the Living Sky and Light of Christ School Divisions in northwest Saskatchewan to deliver on-site SLP services to children in pre-Kindergarten programs.
- First year priorities of the full-time SLP were to build capacity among the pre-Kindergarten staff, access students, and provide treatment recommendations. A total of 220 students were assessed for speech concerns of whom 80% were determined to require a treatment service to address a speech language deficit.
- ✓ PNHHR's Population Health Promotion Program provided \$3,365 in Community Health Promotion Grants to five organizations and agencies in the Region to implement a positive ticketing campaign focusing on youth engagement and developmental assets. Positive ticketing is a venue for adults to recognize youth who are "caught" doing something positive, and opens the door for a healthy relationship. Results were themselves positive:
 - The Lloydminster Rural and Maidstone RCMP detachment reached 140 youth in Maidstone and Marshall, with the help of five community partners.
 - The Turtleford RCMP detachment reached 45 youth in Turtleford and Edam with the help of three community partners.
 - The Wilton Police Service at Lashburn reached 100 youth with the help of eight community partners. The Wilton Police Service intends to continue with positive ticketing due to their excellent outcomes.
 - The Beyond Borders Circle of Change organization in Lloydminster reached 600 youth with the help of 14 community partners.
 - The Concern for Youth organization in The Battlefords reached 100 youth with the help of 21 community partners.
- ✓ PNHHR made progress with First Nations and Aboriginal communities to further develop an Aboriginal Health Strategy for the Region including strategies that reduce disparities and improve health status of First Nations, Aboriginal, and at-risk populations.
 - PNHHR's Aboriginal Health Transition Fund "Partnership for Change" project was completed on March 31, 2011. The Partnership included representatives from each of the Tribal Councils or individual First Nations within the Health Region. The goal was to support healthy living, improve health status, and eliminate the health disparities for persons of First Nations ancestry within Treaty No. 6, 8 and 10 and PNHHR. Successes of the project include:
 - Completion of an environmental scan on strategic direction, priorities and assets of each agency regarding community health services;
 - Creation of an interagency strategy focused on addictions. A model was developed that supports partnership, service adaptation and collaboration. The model can be used in other service or program areas. An Addictions Directory of Services was compiled and distributed to the various organizations.
 - Commitment to continue working together to build on the trust and relationships achieved.

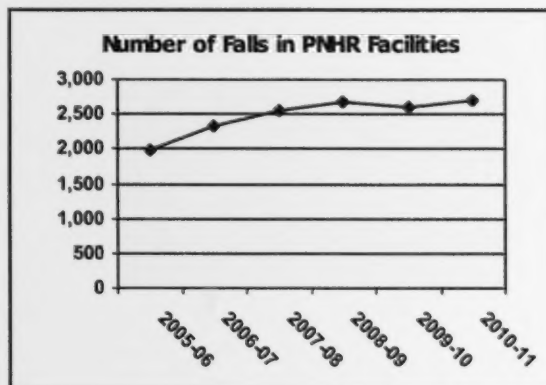
Progress in 2010-11

(Continued)

- Progress was made in collaboration with First Nations partners to standardize the roles, job descriptions and cost sharing of First Nations Liaison Worker services across the Region. A review of the services had shown discrepancies among the program that provides services in Meadow Lake, Loon Lake, Turtleford, and North Battleford. Changes are to be implemented in the 2011-12 fiscal year. The work is highlighted on the Federation of Saskatchewan Indian Nations (FSIN) website as an "initiative (that) could be used as a blueprint in working with FN and Tribal Councils to assist in establishing partnerships with other health regions in the province".
- First Nations participation in Primary Health Care teams and services continued to grow. A physician and nurse practitioner from the Primary Health Centre in North Battleford began providing services to some of the Battlefords Tribal Council Indian Health Services FN Bands on a rotational weekly basis. Onion Lake FN was a key informant stakeholder in the Lloydminster Primary Care Review conducted in the spring of 2011.

Measurement Results

Number of Falls in PNHR Facilities



This measure reflects PNHR's strategy to expand healthy lifestyle and disease (injury) prevention practices and choices.

In the future, the measure will show whether the Region's new injury prevention strategy to reduce the number of falls in PNHR facilities and communities is having a positive impact.

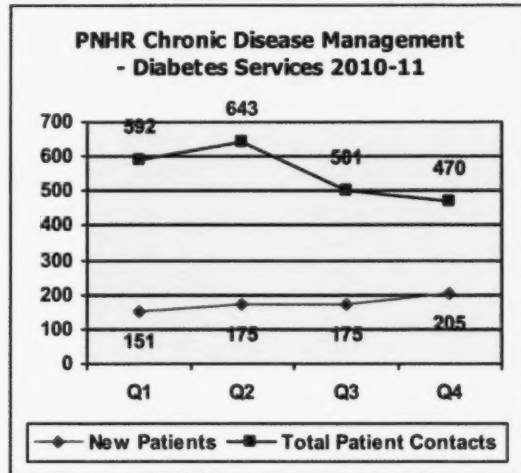
Currently, as the graph shows, the number of falls in PNHR facilities has remained relatively stable at around 2,600 over the past four years. The total number of falls for earlier years do not include all facilities and programs in PNHR and are therefore incomplete.

Measured against the total number (334,169) of resident and patient days for the Region in 2010-11, PNHR has an overall fall rate of 0.81%. In other words, over the course of the whole year throughout all PNHR programs and facilities, the Region's rate of falls is less than one per day.

Progress in 2010-11

(Continued)

PNHR Chronic Disease Management - Diabetes Services

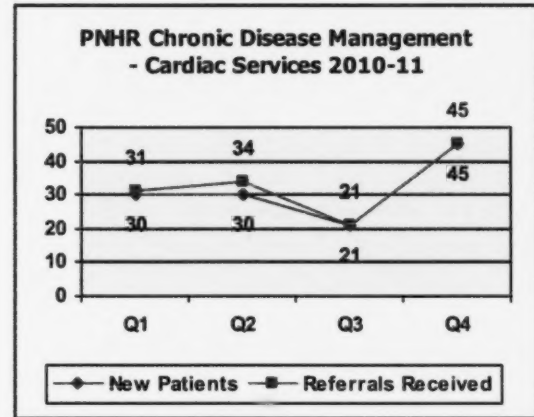


This measure relates to PNHR's strategy to expand healthy lifestyle and disease prevention practices and choices, and to the strategy to build ownership with individuals, communities and partners for improving population health status.

The measure illustrates that the Chronic Disease Management Program has been successful in the past year in increasing the number of clients accessing its diabetes services. This is due in part to stabilization of the program in the second quarter of the year under a new CDM manager. Efforts were also implemented to ensure consistency in data and reporting.

The number of new diabetes patients steadily increased over the year, and the total number of one-to-one patient contacts declined as clients learned how to successfully manage their condition. The lower number of contacts may also be due to the availability and success of the shared medical appointments.

PNHR Chronic Disease Management - Cardiac Services



This measure also relates to PNHR's strategy to expand healthy lifestyle and disease prevention practices and choices, and to the strategy to build ownership with individuals, communities and partners for improving population health status.

The measure illustrates that the Chronic Disease Management Program has been successful in the past year in increasing the number of clients accessing its cardiac services. As noted with the previous CDM Diabetes measure, the increase is due in part to stabilization of the CDM program in the second quarter of the year. Efforts were implemented to ensure consistency in data and reporting.

The number of cardiac clients accessing one-to-one CDM services has risen from the start of the year. The number of patients who choose to access the service is not always the same as the number of patients referred. Patients choose or choose not, or are able or not to access the services, for individual reasons.

Progress in 2010-11

(Continued)

Pillar 3: Providers

GOAL

Work with health service providers to ensure safe, supportive, and quality workplaces that model our values.

Strategy

Reduce absenteeism through improvement to workplace safety, time management and staff scheduling processes.

Results

✓ Prairie North Health Region developed and implemented a comprehensive and ambitious Premium Pay Reduction Strategy to achieve the efficiency targets established by the Ministry and RHA in the 2010-11 Accountability Document, SOD, Strategic Plan, and Budget. The Strategy focused on seven key initiatives:

- Implementation of the Customer Engagement and Service Expectation Framework - to improve service provided to our patients, residents and clients in response to the Patient First report.
- Reduction of Sick Time - through identification and work on multiple strategies including Attendance Support and culture change.
- Reduction of Overtime - through identification and creation of strategies around high overtime drivers, use of overtime, and rates of pay.
- Vacancy Forecasting and Management - to improve forecasting of staffing needs and minimizing time to fill vacancies.
- Management Education - to help managers meet the expectations of the Premium Pay Reduction Strategy.
- Workplace Safety - Reduction of Workers' Compensation Board (WCB) claims and days - to support injury prevention and help employees return

to the workplace sooner following a time loss incident

- Standardization of Return-to-Work processes

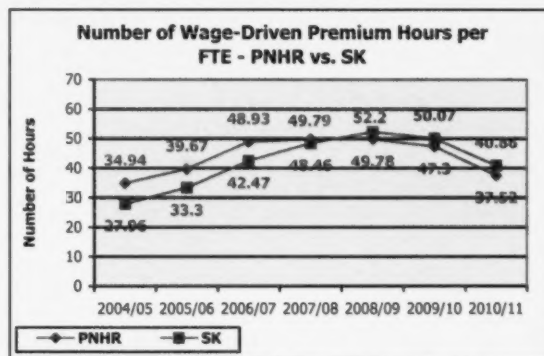
Meetings were held with management staff and local union officials to outline the expectations of the Premium Pay Reduction Strategy, and to provide updates and further information as necessary. All managers developed and implemented individual plans for reduction of sick time, injuries, and overtime for their units, based on the details under each key initiative.

- PNHR achieved and exceeded three of the four mandated efficiency targets, as detailed in the following Measurement Results (pages 29-31).

Congratulations and appreciation are extended to all managers and staff for their hard work and attention to the goals and targets set to improve safety and attendance in the workplace, and more effective use of our invaluable human resources.

Measurement Results

Wage-Driven Premium Hours per FTE



Source: Ministry of Health Dashboard Measures 2010-11

This measure speaks to PNHR's Strategy to find efficiencies through improvement to time management and staff scheduling processes, as well as to reduce absenteeism through improvement to workplace safety.

Progress in 2010-11

(Continued)

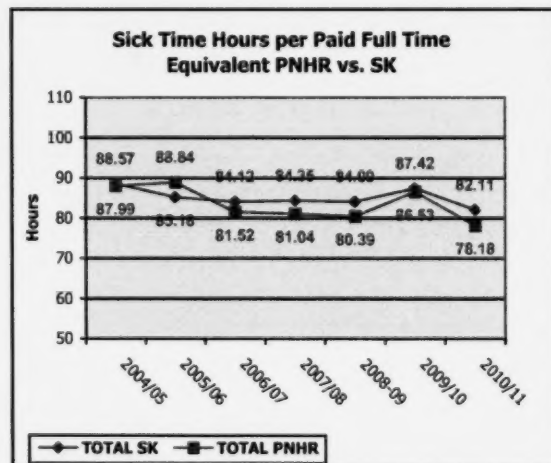
Wage-driven premium hours include overtime and other premium hours.

PNHR achieved and exceeded its target of a 9% reduction in Wage-Driven Premium (WDP) Hours per Full-Time Equivalent (FTE) position. The Region lowered its rate from 47.3 WDP hours per FTE in 2009-10, to 37.52 in 2010-11 - a reduction of 9.78 hours equalling 20.67%. PNHR surpassed its target by nearly 11.68 percentage points.

As a whole, the province also achieved and exceeded its targeted reduction of 11.3%, recording a decline of 9.21 WDP hours per FTE, from 50.07 in 2009-10, to 40.86 in 2010-11. This equates to an 18.39% reduction, 9.21 percentage points better than targeted.

It is important to note that the data from the Ministry does not include the small number of PNHR employees who are not captured in the Saskatchewan Association of Health Organizations (SAHO) payroll system. These individuals are PNHR employees on the Alberta side of Lloydminster and are on a separate payroll system.

Sick Time Hours Per FTE



Source: Ministry of Health Dashboard Measures 2010-11

This measure relates to PNHR's Strategy to reduce absenteeism through improvement to workplace safety, as well as through improvement to time management and staff scheduling processes.

Absence as a result of illness (sick leave) or injury is often viewed as a measure of the overall health of a workplace.

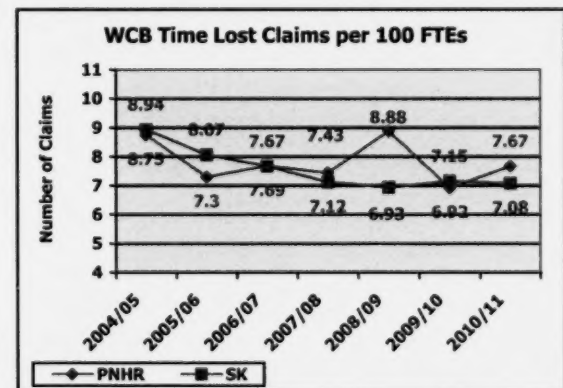
PNHR bettered its target 3% reduction in sick time hours per FTE, achieving a 9.65% reduction by the end of March 2011. At the end of 2009-10, PNHR had a sick time rate of 86.53 hours per FTE. Prairie North trimmed 8.35 sick time hours off the rate for every employee, coming in at 78.18 hours by year end.

As it has been for the past five years, Prairie North's rate remains below that of the province, which stands at 82.11 sick time hours per FTE at the end of 2010-11. Saskatchewan's health system as a whole achieved a 6% reduction in sick time hours per FTE, down from the rate of 87.42 achieved in 2009-10.

Again, PNHR's Alberta employees are not included in the calculations.

WCB Time Lost Claims Per 100 FTEs

WCB Time Lost Days Per 100 FTEs



Source: Ministry of Health Dashboard Measures 2010-11

The measures of WCB time lost claims and time lost days are indicators of the safety of a workplace.

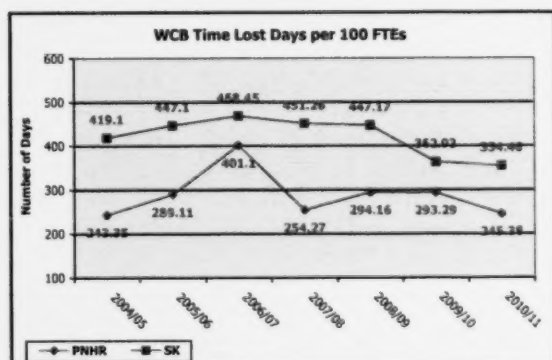
The ultimate goal is to eliminate injury at work that results in WCB time lost claims and days.

Progress in 2010-11

(Continued)

PNHR did not achieve its goal of a 10% reduction in WCB Time Lost Claims per 100 FTEs for 2010-11. PNHR's rate increased from 6.92 (revised figure from Ministry of Health for 2009-10) to 7.67, an increase of 0.75 claims or 10.8%.

PNHR's 2010-11 rate is above that of the overall provincial health system, the rate for which fell from 7.15 WCB claims per 100 FTEs (revised figure from Ministry for 2009-10) to 7.08, nearly a 1% reduction.



Source: Ministry of Health Dashboard Measures 2010-11

Prairie North surpassed its targeted reduction in the number of days lost due to injury in the past year. PNHR's original target set by the Ministry was a 5% reduction. PNHR itself set a more ambitious goal of a 10% reduction, and achieved both.

PNHR reduced its rate from 293.29 WCB time lost days per 100 FTEs in 2009-10, to 245.38 in 2010-11, an improvement of 47.91 days per 100 FTEs, or 16.34%.

Provincially, the rate also declined from 362.93 in 2009-10, to 354.46 WCB time lost days per 100 FTEs in the past year, a reduction of 2.33%.

Prairie North's rate remains below the provincial mark, as it has for the past seven years.

Strategy

Ensure that the Region's health service providers have the relevant knowledge and required skills and tools to perform their jobs.

Results

✓ The Joint SUN/PNHR Retention and Recruitment Committee continued its work in 2010-11 toward identifying problems, determining priorities, developing options, seeking funding, and jointly implementing initiatives that address registered nurse (RN), registered psychiatric nurse (RPN), and nurse practitioner (NP) retention and recruitment issues. The Committee was established in March 2009 under the SUN/Government Partnership Agreement and includes equal representation from SUN and Prairie North. The Committee is co-chaired by a representative from each.

- The Committee received approval from the SUN/Government Partnership Table to establish a three-year educational program that will help address individual nurses' needs for continuing education. The program will provide up to \$50,000 per year with a maximum of \$500 per member on a first come basis for that year.
- A collaborative series of short videos was created and posted on the Prairie North website to inform nurses about the work of the Partnership and how to submit proposals for enhancing recruitment and retention.
- Mentorship professional development funding was secured for the next two years, with \$500 available to each of the mentors and units involved.
- The Committee also hosted a trauma education workshop and a paediatric education workshop.

Progress in 2010-11

(Continued)

Measurement Results

SUN/Government Partnership Agreement

SUN /Government Partnership Agreement – PNHR RN, RPN, and NP FTEs			
	# of FTEs Added	Target # of FTEs to be added	Total FTEs reflecting added Partnership FTEs
2007-08	---	70	369.48
2008-09	7.01	---	376.49
2009-10	35.87	---	412.36
2010-11	29.12	---	439.48
Total	72.00	72*	441.48

* Note: Two additional FTEs were added to PNHR's Target # of Partnership FTEs by the Ministry of Health/SUN Partnership Committee to increase the Region's target to 72.

This measure supports PNHR's Strategy to ensure that the Region's health service providers have the relevant knowledge and required skills to perform their jobs, by ensuring that sufficient numbers of the right health professionals are available to meet patient needs.

Prairie North Health Region achieved its target under the SUN/Government Partnership Agreement of adding the equivalent of 72 full-time registered nursing hours (used and paid for) by the end of the 2010-11 operating year (Strategic Plan and SOD)

Two FTEs were added in 2010-11 to the original target of 70 new SUN full-time equivalent positions, raising the total SUN Partnership FTE positions to 441.48.

Strategy

Develop a workforce that is representative of our communities.

Results

✓ PNHR continued implementation of its three-year Representative Workforce Strategy approved by the Board in September 2009. The Strategy aims to increase the First Nations and Metis Workforce in PNHR toward the 29% Aboriginal demographic of the Region's population (Strategic Plan and SOD).

• As of December 31, 2010, 156 of PNHR's employees identified themselves as being of Aboriginal heritage. This represents 5.2% of Prairie North's workforce, up from 4.5% when the Strategy was introduced in 2009. PNHR reached its target of 5% by the end of 2010, as set out in the Representative Workforce Strategy. The Region is aiming to reach 6% by the end of 2011, and 8% by December 31, 2012. A Self-Identification brochure has been developed to give employees a better picture of the importance of self-identification. A self-identification form is part of PNHR's hiring package and Regional Orientation.

• Under the Region's Representative Workforce Policy, all PNHR employees are now required to take Aboriginal Awareness Training (AAT). In the past year, 40 AAT sessions were held in the Region, with a total of 356 employees receiving the training. That brings to 2,755 the number of individuals who have taken the training since 2005.

Strategy

Collaborate and partner with educational institutions to meet the Region's human resource requirements.

Results - Physicians

✓ Prairie North Health Region experienced another challenging year in meeting the Region's human resource requirements for physicians. As of April 20, 2011, PNHR's total physician complement stood at 95 general practitioners and specialists living and working in the Region. The numbers do not include the team of 18 visiting radiologists from South Africa who provide the equivalent of one full-time position in radiology services. Not all of the Region's physicians work full-time.

• In total as of April 20, 2011 PNHR has the equivalent of 91.9 full-time physicians delivering service to patients, residents, and clients, and to communities and the Region as a whole. Family physicians account for 63.4 of the total FTEs; the remaining 28.5 are specialists.

Progress in 2010-11

(Continued)

- In the past year, 12 physicians new to Prairie North began practicing in the Region, while eight physicians departed, for a turnover rate of 11.88%. PNHR's goal is to reduce the annual turnover of physicians in the Region to under 10% by 2013 (Strategic Plan and SOD). Between January 2010 and October 2010, the turnover rate was 11.1%.
- Most of the Region's physicians (86.3%) are foreign-trained, primarily from South Africa; 13.7% are Canadian-trained. PNHR's goal is to increase the percentage of Canadian-trained doctors working in the Region by 10% by 2013 (Strategic Plan and SOD). As of January 2010, 13.54% of PNHR physicians were Canadian-trained.

✓ Prairie North Health Region is working closely with the province's new Physician Recruitment Agency of Saskatchewan (PRAS) to recruit and retain more physicians to rural and urban communities. Part of the Agency's mandate is to enhance and coordinate recruitment efforts across the province, working closely with health regions and communities to address their need for physicians. PNHR's CEO is vice-chairperson of PRAS. The Agency was launched in March 2009 and has begun work toward having greater numbers of Saskatchewan medical graduates establish their practices in the province, increasing the number of Canadian-trained physicians choosing to practice in Saskatchewan, and increasing the number of current physicians choosing to remain in Saskatchewan.

✓ PNHR's CEO also worked closely with the Saskatchewan International Medical Graduate (IMG) Assessment Committee as a member representing all Regional Health Authorities on implementing the new IMG Assessment Process and rules. The assessment process is designed to better recruit more foreign-trained physicians to the province, removing barriers while ensuring that those who wish to come to Saskatchewan to practice medicine meet the training, qualifications, and other requirements to safely and successfully care for our patients. All Regions should benefit from a broader range of IMGs eligible for assessment and from the standardized and comprehensive evaluation applied to assure high quality practitioners.

✓ PNHR continued to work with the College of Medicine at the University of Saskatchewan (U of S) toward strengthening Meadow Lake as a site for training and mentorship of student physicians under the College's Distributive Learning Model. The intention is to accommodate two medical residents and two medical students at the Meadow Lake Clinic and to enhance the Clinic's teaching role. PNHR hoped to have the initiative in place beginning in January 2011 (Strategic Plan). The initiative now has a projected start date in Meadow Lake of January 2012. The College of Medicine continues to work on coordinating the program at both the Undergraduate and Post-graduate levels. The decentralized medical training initiative is aimed at promoting family medicine in Saskatchewan and in areas outside the larger centres. By providing a broad range of experiences in a supportive and structured setting, the hope is that more Saskatchewan medical graduates will remain to practice medicine in the province.

Results - Nurses

✓ PNHR is seeking to strengthen its partnership with the College of Nursing at the U of S so that Meadow Lake can become a centre for nursing student practicums, particularly nurse practitioner students. A representative from Prairie North serves as a member of the University of Saskatchewan's Nurse Practitioner Advisory Council. This Committee provides advice to the University on the program, and on the human resource requirements and type of skills needed in the NP workforce in Saskatchewan.

✓ Representatives from the U of S College of Nursing joined with Prairie North, Northwest Regional College headquartered in North Battleford, and Lakeland College in Lloydminster to discuss community and regional resources that could be utilized in the delivery of a decentralized nursing baccalaureate program. Both local community colleges are now able to offer the first year of a health sciences program that the U of S accepts as prerequisite to admission into the new three-year nursing program.

Progress in 2010-11

(Continued)

Pillar 4: Sustainability

GOAL

Foster Regional and health system sustainability that ultimately improves health care service.

Strategy

Ensure that facilities, equipment and technology are in place to effectively support operations.

Results - Saskatchewan Hospital Replacement

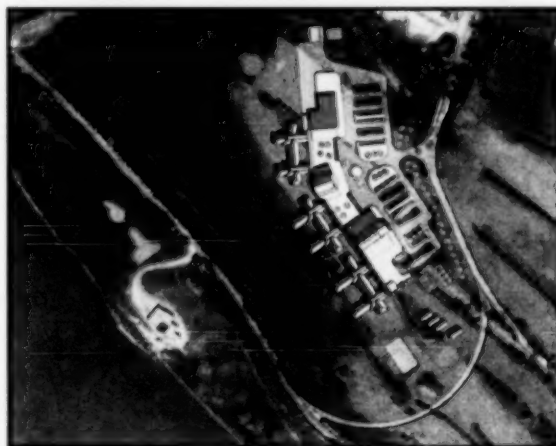
✓ Prairie North Health Region, Cannon Design, and Ministry of Health officials undertook and completed re-scoping of the Saskatchewan Hospital Replacement Project, supported by funding from the Ministry (News Release April 9, 2009). The revised project, developed under updated planning parameters, was presented to and approved by the PNRHA Board on October 27, 2010.

Recommendation:

"This review recommends that a comprehensive continuum of mental health care be developed for Saskatchewan for persons with severe psychiatric illness and persons considered to have high complex needs: the heart of the continuum would be replacement of Saskatchewan Hospital with a new facility in North Battleford and establishment of community-based residential facilities in Prairie North and other Regional Health Authorities to accommodate community residential options for the identified clients."

- Charting a New Course
for Mental Health's Most Vulnerable:
A Provincial Approach to Replace Saskatchewan Hospital
and Address Complex Needs Care

- The re-scoped plan proposes construction of a new SHNB with 188 beds. As noted on page 17 of this Report, the plan proposes a much broader scope, to include 120 intensive residential support and step-down beds developed in community settings in five Saskatchewan Health Regions including Prairie North. The proposed location for the new Sask Hospital remains as recommended in 2007: on the current Saskatchewan Hospital site, slightly northwest of the existing buildings. The site and new facility are intended to provide maximum flexibility to meet future needs.
- The new plan has been shared with residents and staff of SHNB, as well as with other stakeholders involved in the planning and re-scoping process. The plan has been presented to leaders of other Saskatchewan RHAs, and to the Ministry of Health and provincial government for funding consideration and approval to proceed to detailed design, tendering and construction.



*Proposed Site and Layout
New Saskatchewan Hospital North Battleford*

Results - Northland Pioneers Lodge Replacement

✓ Following completion and presentation to the PNRHA Board in February 2010 of the design development report for a new Long-Term Care facility in Meadow Lake, work continued throughout 2010-11 toward final site selection for the

Progress in 2010-11

(Continued)

proposed 60-bed care home. The report had been submitted to the Ministry of Health for further discussion and consideration. This progressed over the past year toward pending approval from the Ministry to move to the detailed design, tender and construction phases. On February 22, 2011 (News Release), the Ministry announced \$49.3 million for design and construction costs of the 13 long-term care facilities it committed to a year earlier. The new Meadow Lake facility is among the 13. One of the projects was already underway. The Ministry indicated it expects the other 12, including Meadow Lake's, to go to tender in 2011-12.

- PNHR received \$2.2 million for continuation of the planning and development of the new Long-Term Care facility to replace Northland Pioneers Lodge.
- PNHR officials and Meadow Lake and area residents were very pleased with announcement by the provincial government (News Release February 22, 2011) that it has changed the funding formula for construction of new health facilities in the RHAs. The provincial government will now pay 80% of the cost of regional health projects like LTC facilities, up from the traditional 65% share. That leaves 20% to be raised by local communities, down from the previous 35% share. For the \$24.5 million Meadow Lake LTC project, the new formula reduces the local share to \$4.9 million from \$9 million under the old formula. PNHR is optimistic of a late 2011 construction start.

Results - Lloydminster Hospital Rejuvenation

✓ Renovations began in late December 2010 to redevelop the Lloydminster Hospital Emergency Department to improve patient access to emergency services, and to create a Mammography Suite to introduce mammography services at the acute care facility.

- The \$3 million project is jointly funded by the Province of Saskatchewan, the Province of Alberta, and the Lloydminster Region Health Foundation (LRHF), each providing \$1 million. The project was formally launched on November 5, 2010 with presentation of the cheques to Prairie North Regional Health Authority at the LRHF Gala.



*Cheque Presentation
Lloydminster Hospital ER Renovation Project*

- The project includes redevelopment of the hospital's main entranceway to provide additional space; improvements to the Admitting area to improve patient flow and privacy; creation of a fast track area, quiet room, psychiatric room, and isolation treatment space for Emergency department patients; improvements to the triage area for patients; and enhancement of the waiting area for the benefit of patients and clients.
- A further highlight is creation of a Mammography Suite and introduction of a Digital Mammography program.
- The work is proceeding in phases to provide as little inconvenience and disruption as possible. The target for completion is November 2011.

Results - New Long-Term Care Facility Lloydminster

✓ Plans were finalized and site preparation began for construction of a new 60-bed LTC facility in Lloydminster. The \$40 million Alberta project will replace the oldest 55-bed wing of the existing Dr. Cooke Extended Care Centre (DCECC). The project was announced in early 2008. The tender was awarded in late March 2011. Prairie North Health Region has been an active participant on the project's Steering Committee and will operate the new facility on behalf of Alberta, as PNHR does with DCECC. The new LTC home is being built on the Alberta side of Lloydminster.

Progress in 2010-11

(Continued)

Results - Battlefords Union Hospital Infrastructure Upgrade

✓ With major funding support from the Ministry of Health, significant improvements were made between June and October 2010 to the electrical, heating, ventilation, and air conditioning (HVAC) systems of Battlefords Union Hospital (BUH). A fire suppression sprinkler system was installed on the second, third and fourth Floors. Energy efficient lighting was installed and ceilings were upgraded.

- Total cost of the 2010 component of the overall Retrofit project was \$1.28 million, funded totally under the province's Ready for Growth initiative. A further \$1.93 million in infrastructure upgrades is still to be done at BUH. The first phase of the project was undertaken and completed in 2005-06, when fire sprinkler systems were installed on the lower and main Floors of BUH. The HVAC systems were upgraded in the same areas and energy efficient lighting was installed. The improvements make BUH safer, more comfortable, and energy efficient for all patients and care providers within the facility.

Results - Other Infrastructure, Capital and Life Safety/Emergency Projects

✓ Safety was improved at the Villa Pascal LTC facility in North Battleford, with installation of a new water line and fire suppression sprinkler system, at a total cost of \$119,000. The project was financially supported by Prairie North, Villa Pascal, and the Ministry of Health. Villa Pascal is PNHR's only affiliate organization and functions with an independent Board of Directors.

✓ PNHR purchased lifts and beds for our LTC facilities to enhance resident and staff safety. Funding of \$100,000 came as a Safety Lifting Equipment Grant from the province.

✓ Prairie North purchased and accepted delivery of \$2.3 million or 65% of the equipment identified in the Region's 2010-11 Capital Equipment Plan. The province provided \$450,000 toward the total.

✓ PNHR also completed approximately 65% of projects approved under the Region's 2010-11 Capital Management Plan.

Strategy

Work with Foundations, Affiliates, community-based organizations, and key stakeholders to support the Region's goals.

Results

✓ Prairie North Health Region worked with other Regional Health Authorities and stakeholders to develop a shared services model for the provincial health system, as identified in the SOD Document and PNHR Strategic Plan. The Shared Services Project is part of Saskatchewan's move to a more patient-centred health system. The Patient First Review Commissioner recommended shared services as a way to achieve greater value for Saskatchewan patients and taxpayers.

- The Shared Services Project is under the direction of the Council of CEOs which is chaired by Prairie North's Chief Executive Officer. The project is funded in part by the Ministry of Health, with the RHAs, SCA and SAHO providing significant in-kind contributions of time and expertise.
- Shared Services will focus on administration by sharing functions related to human resources, information technology, finance and administration, and materials management. The health system can reduce costs and duplication, work more efficiently and effectively, and allocate more resources to direct patient care.

✓ Prairie North joined forces with Prince Albert Parkland Health Region (PAPHR) to establish an information technology (IT) shared services model that combines expertise, challenges, and opportunities to improve results, knowledge, experience and efficiencies. The model integrates both Regions' IT leadership and planning roles into a shared Chief Information Officer (CIO) position intended to better meet needs and reduce overall IT costs. The position is based in Lloydminster. PNHR sees the initiative as a leading example of PNHR's and PAPHR's commitment to adopting new ways of doing business, working more closely together as a system, and managing health care dollars more effectively and efficiently, consistent with the province's move toward shared services.

Progress in 2010-11

(Continued)

Pillar 5: Supporting Processes

GOAL

Focus on organizational excellence and innovation.

Strategy

Build a culture of continuous safety and quality improvement through adoption of recognized 'best practices'.

Results

✓ Prairie North Health Region strengthened its commitment to continuous safety and quality improvement. The Region revised and updated its three-year-old Continuous Safety and Quality Improvement (CSQI) Framework to incorporate all quality improvement initiatives identified in the previous plan with additional methodologies that have been introduced since the first plan was developed in 2007. Among the new initiatives are Quality as a Business Strategy (QBS), Lean, and Releasing Time to Care. The Framework was presented to and approved by the PNRHA Board on October 27, 2010 (Strategic Plan).

- To ensure linkage and continuity between all quality improvement initiatives throughout Prairie North, a distinct Quality and Safety portfolio was established with a Director of Quality and Safety, reporting directly to the CEO. Previously, quality and safety programs had been one of the many responsibilities under the Corporate Services portfolio. (See Appendix A in this report for PNRH's Organizational Structure as of March 31, 2011.)
- Risk management was identified as a priority under the new CSQI Framework. A risk management assessment process and tools are being developed to help inform the priorities for the Region's Strategic Plan, operational plans, patient safety plans, and more. Rollout and education around the process and tools is planned for the coming year.

✓ PNHR senior leaders and Board members completed their participation in the provincial QBS program in 2010 (Strategic Plan). QBS is a template or program intended to help organizations - in this case, Saskatchewan's health system - to transform themselves to deliver better quality and service. Through a series of six workshops beginning in October 2008, health regions and other organizations within the province's health system, learned and were challenged to provide the structure for making quality a business strategy. The aim was to focus learning, planning, and actions to identify the purpose of the organization, view the organization as a system, obtain the information required to make improvements, plan for improvement, and manage improvement.

Results - Lean



✓ Lean is a journey; not a destination. In alignment with the provincial SOD document and the Region's Strategic Plan, Prairie North Health Region took more steps along the Lean path in 2010-11:

- Oversight of Lean was formally assigned as a priority for the new PNHR Director of Quality and Safety.
- PNHR now has three Lean coaches to help promote, establish and support Lean initiatives across the region.
- A Lean Steering Committee was established to help support, promote, facilitate, and prioritize Lean projects and requests for new Lean projects. A standardized application process is now in place.
- Six new Lean Value Streams began in Prairie North in the past year, joining the six that started in 2009-10.
- A Lean and Releasing Time to Care™ Sharing Forum was held in PNHR on November 8, 2010 to highlight progress and successes of the projects to date. Interest was keen and enthusiasm palpable. The day emphasized the Region's and staff members' commitment

Progress in 2010-11

(Continued)

to creating a more efficient system for patients and care providers, enhancing customer satisfaction, reducing wait times and ultimately adding value for the patients.

The Lean transformation journey is about changing the culture of an organization. Culture change does not happen overnight, but over a period of many years. The Lean process involves mapping the current state of a department, unit, ward or process (the Lean Value Stream). The Lean Team then looks at what they want the process, ward, unit, or department to be or look like in the future. A plan is developed to go from where they are to where they want to be. Small incremental changes create new perspectives, new opportunities, and often, breakthrough events.

New Lean Value Streams - 2010-11

Workplace Wellness - Sick Time Saskatchewan Hospital - June 2010

The goal is to reduce sick time use at SHNB by creating a well workplace environment. The facility traditionally has the highest sick time use rate in PNHR. The SHNB Lean Value Stream Team has implemented a number of initiatives to try to improve the long-standing culture of high sick time utilization. The initiatives include:

- Focus groups with staff,
- Sharing of sick time utilization statistics,
- Evaluation of the orientation process,
- Introduction of a healthy workplace newsletter, and
- Incentives to increase staff morale.

Positive outcomes will be of value to SHNB clients, staff and the facility as a whole in terms of consistent staffing, improved client care, a well workplace, reduction in sick time and overtime utilization, and more efficient, effective use of human and financial resources.

Injury Reduction - Battlefords District Care Centre - September 2010

The goal of the BDCC Injury Reduction Value Stream is to reduce workplace incidents at the facility by 50% and to become a 'zero time loss' injury workplace by March 31, 2012. BDCC has the highest rate of incidents/injuries in PNHR, due in part to the care needs of its residents and the physical nature of its work environment. Initiatives to date include education programs focusing on:

- Transferring, Lifting, and Repositioning (TLR),
- Dementia care,
- Crisis prevention,
- Employee wellness, and
- Improved orientation to the facility and its equipment.

Positive outcomes will include value to residents and staff through reduced injuries and consistent staffing, resulting in improved client care and a healthy workforce; improved safety through correct and increased utilization of tools and equipment; and reduction in sick time, injury and overtime utilization and costs. Preventative and timely maintenance on all equipment and the facility are key.

Emergency Room Outpatient Record - Lloydminster Hospital

The goal of the Value Stream is to have a single ER Outpatient form used consistently across Prairie North and to reduce the time it takes between initiation of the form when a patient comes to ER and completion of its journey with final filing in the patient health record. The target is to reduce the time period from its current maximum of eight weeks to a couple of days. Actions underway include:

- Creation of a standard Regional form for ER visits,
- Eliminating duplication of work among departments,



LEAN in the Right Direction. Eliminate Waste. Create Value.

Progress in 2010-11

(Continued)

- Consideration of potential to co-locate staff to create work balance and eliminate duplication of processes,
- Alleviating the backlog in Health Records, and
- Exploring the potential of eliminating patient blue cards.

Positive outcomes will include improved patient safety with complete, ready access to patient health records, reduced duplication of work and improved information flow, increased efficiency and improved patient service.

Staff Scheduling - Lloydminster Hospital

The goal of the Value Stream is to find efficiencies within the LH Scheduling Department and in all processes of staff replacement. The staff scheduling processes are being evaluated to identify areas for improvement, leading to development of an action plan for change. The Value Stream team hopes to realize many functional improvements that will increase the satisfaction of schedulers, managers, and frontline staff.

Positive outcomes will include reductions in overtime and associated costs, improved utilization of human resources, and ultimately benefits to the patient from a stable, healthy workforce available to meet patient needs.

Surgical Value Stream - Battlefords Union Hospital

As referenced on page 11 of this Report, the aim of this Value Stream is to analyse the surgical process and to create efficiencies to ensure that surgeries start on time and that surgical rosters are completed on schedule by the end of the work day. The Value Stream is also strategizing to manage the increase in outpatient day surgeries.

Positive outcomes are anticipated to include reduced surgical wait times, improved customer (patient) engagement through more staff time spent one-on-one with patients, enhanced patient safety and satisfaction, reduced errors, increased staff satisfaction and decreased workload.

Facility Capital and Renovation Projects

PNHR is committed to the application of Lean principles for all capital construction and facility renovation projects. The aim is to ensure maximum efficiency and optimal flow for patients and health care providers in the space being developed. Frontline staff and often patients are engaged in the process. The Lean Value Stream process has so far been applied to:

- Lloydminster Hospital ER Renovations,
- Meadow Lake Associate Clinic expansion and redevelopment,
- Redevelopment of PNHR's Lloydminster Co-op Plaza spaces, and
- Community Services building renovations in Lloydminster.

Positive outcomes will be in improved flow of patients and staff, decreased wait times, greater patient, client and staff satisfaction, increased efficiency in space utilization, and maximum return on capital investment.

New Lean Value Streams - 2011-12

New Lean Value Streams are on tap for the year ahead including:

- Lloydminster Therapies Program,
- Supplies Ordering - Battlefords Union Hospital,
- Blue Card Replacement, and
- Emergency Room Flow - BUH.



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Progress in 2010-11

(Continued)

Results - Releasing Time to Care™

✓ Prairie North Health Region achieved its target of implementing Releasing Time to Care™ (RTC) on four more units in 2010-11, as set out in the RTC Implementation Plan presented to and approved by the PNRHA Board in February 2010. Beginning the RTC program in the past year were:

- | | |
|--|---------|
| • SHNB Forensic Unit - | 24 beds |
| • Battlefords Mental Health Centre
Inpatient Unit - | 22 beds |
| • Battlefords Union Hospital
Surgical Unit - | 12 beds |
| • SHNB Rehab Unit II - | 24 beds |

This brings to 158 the total number of beds licensed for and implementing RTC in Prairie North. Continuing with the program in the past year were:

- | | |
|---|-----------------|
| • Lloydminster Hospital Surgical Unit - | 24 beds |
| • Meadow Lake Hospital Medical,
Surgical and Obstretical Units - | 32 beds |
| • SHNB Admissions Unit - | 20 beds |
| TOTAL | 158 beds |

PNHR now has 158 beds licensed for and implementing RTC.

RTC is a patient-centred approach to improving quality of care. The program's aim is to increase the amount of time health care providers spend on direct patient care. RTC principles ensure that health care providers are working smarter and putting their patients first. Each RTC project is staff lead and staff driven.

The Four Core Objectives of RTC

- ***Improving patient safety and reliability of care.***
- ***Improving patient experience.***
- ***Improving staff well-being.***
- ***Improving efficiency of care.***

New RTC Projects - 2010-11

SHNB Forensic Unit

- Improvements have been made in the way in which meals are delivered. This has resulted in the meal delivery process being safer and more efficient for patients and staff.
- Modifications were made to the admissions file to delete obsolete data and increase efficiency of the admission process.
- Changes were made to the ordering of supplies, resulting in greater efficiency.
- Locks on unit cupboards were standardized, reducing the need for large numbers of keys and improving access by staff.

BMHC Inpatient Unit

- Suggestion boxes and patient satisfaction surveys were implemented. Information from these sources was used to make operational changes.
- Staff absences were tracked, supporting PNHR's premium pay reduction strategy and efficiency targets.
- Verbal and physical aggression was tracked to pinpoint triggers and provide education to staff.
- Policies and procedures were developed regarding continuity of care and absence of attending psychiatrist, to ensure that patients are receiving quality and timely services in the event that their regular psychiatrist is away.

BUH Surgical Unit

- Improvements were made to intake and output tracking forms to enhance monitoring and efficiency.
- The reporting format for shift change was converted to a tape system, decreasing shift handover and report times and enabling staff to leave the unit at their scheduled times.

Progress in 2010-11

(Continued)

- The Unit's fax machine was relocated to the Nurses Station, saving steps and reducing the distance travelled to and from the machine by 189 kilometres per year.
- Supply deliveries were tracked, revealing that on average the Unit was receiving only 75% of its ordered items. The result has sparked a Lean initiative to make systematic changes to improve supply delivery throughout the entire hospital.

SHNB Rehab Unit II

- Patients were encouraged to WOW their rooms at the same time as Unit staff were de-cluttering their areas. WOW stands for "Well Organized Ward" and represents the RTC initiative to improve the organization of an area. The overall Unit has become safer and more clutter free. Patients are more readily able to access their belongings and staff can deliver patient services easier and with greater efficiency.

New RTC Projects - 2011-12

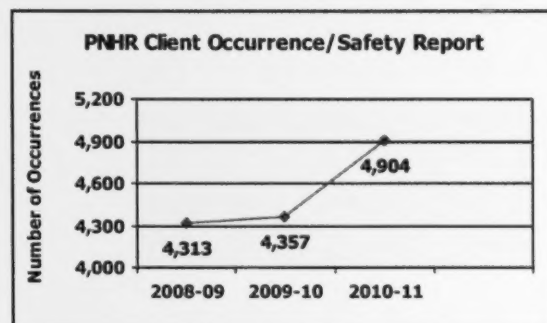
The new cycle of implementation for Releasing Time to Care™ will begin in Spring 2011. Three more PNHR units will join the RTC journey. They are:

- Battlefords Union Hospital Women's Health and Birthing Unit - 17 beds.
- Lloydminster Hospital Obstetrical Unit - 13 beds.
- Saskatchewan Hospital Transition Unit - 26 beds.

Another RTC implementation cycle is expected to begin in Fall 2011 or Spring 2012.

Measurement Results

Client Occurrence/Safety Reports



PNHR views this measure as an indication of the progress of the Region's strategies toward building a culture of continuous safety and quality improvement.

The Client Occurrence/Safety Report (COSR) tallies only incidents relating to patients, and is therefore also a distinct measure of patient safety. The measure can apply to Pillar and Goal 1 to provide safe, quality, and timely care.

Client occurrences include patient falls, medication errors, incidents of abuse or assault, and test and treatment errors. The graph above shows a 12.5% increase in the number of client occurrences through all PNHR facilities, sites, and programs in 2010-11. Data is not available nor included from all PNHR facilities, sites, and programs prior to 2008-09. PNHR is working to build an accurate, reliable, and consistent picture of client occurrences in the Region so that all areas for improvement can be clearly identified and tracked.

Prairie North has been striving to educate all employees regarding the importance of reporting all client occurrences so that the Region has a true and accurate picture of its numbers of patient incidents. The increase in the numbers to date is due at least in part to increases in reporting.

PNHR intends that initiatives including the new Injury Prevention Strategy (page 24 of this Report), to reduce the number of falls, and the new Medication Reconciliation program (page 20) will result in a decline in client occurrences in the months and years ahead.

Progress in 2010-11

(Continued)

Strategy

Leverage technology to achieve improvements in patient care and system performance.

Results

✓ Prairie North Health Region worked with provincial and local stakeholders to support advancement of an electronic health record that meets customer needs and ensures that the right information is available at the right time for the right patient to the right care provider (PNHR Strategic Plan).

- PNHR implemented the new provincial Primary Health Electronic Medical Record (EMR) system in the Region's PHC site in Meadow Lake. As the first to move to the new system (see pages 15 and 16 of this Report), data conversion and operational guidelines were established for use by provincial and other RHA teams for continued planning and migration of all PHC sites to the new Saskatchewan standard.
- PNHR participated in core provincial teams toward establishment of the new provincial eHealth Council. PNHR established its own eHealth Council to provide Regional leadership on strategies, governance and financial investments associated with major eHealth initiatives.

✓ The shared Chief Information Officer position with Prince Albert Parkland Health Region has resulted in improved cooperation and collaboration on various provincial and regional projects including introduction of the Surgical Information System (page 11) and provincial Laboratory and Diagnostic Imaging systems.

✓ Four video conferencing sites were created in key PNHR facilities to improve communications and increase eLearning capabilities. Use of the technology is also serving to reduce travel between sites for many of the Region's information sharing, consultation, and meeting functions.

✓ Three more sites were added in 2010-11 to the Region's Voice over Internet Protocol (VoIP) system, aimed at significantly reducing telecommunication costs. A further six sites are to be added, for a total of 13 PNHR VoIP sites.

Management Report

May 25, 2011

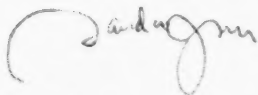
PRAIRIE NORTH HEALTH REGION REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of Management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

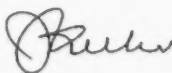
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



David Fan
Chief Executive Officer



Jerry Keller
Chief Financial Officer

2010-11 Financial Overview

On May 26, 2010, Prairie North Regional Health Authority approved a balanced Operating Budget of \$223 million in revenues and expenditures for the 2010-11 fiscal year.

The budget forecast total revenues of \$223,041,581 and expenses of \$223,035,072, resulting in a small surplus of \$6,509. Sustaining services, retaining jobs, improving efficiency, and enhancing quality and safety were the primary areas of focus.

The Board also approved a \$4 million Capital Equipment and Information Technology budget, as well as \$6.6 million in capital projects under the Region's Capital Management Plan.

The results for the fiscal year ended March 31, 2011 showed an Operating Fund surplus of \$3.8 million. Total revenues for the year topped \$233 million, while expenses ended the year at over \$229 million. A significant factor in the surplus position was the additional contribution of \$5.5 million by Alberta Health Services at year end in recognition of past deficits regarding the Alberta share of Lloydminster operations.

The Region also ended the year with a Capital Fund surplus of \$1.4 million, and a Community Fund surplus of \$12,280.

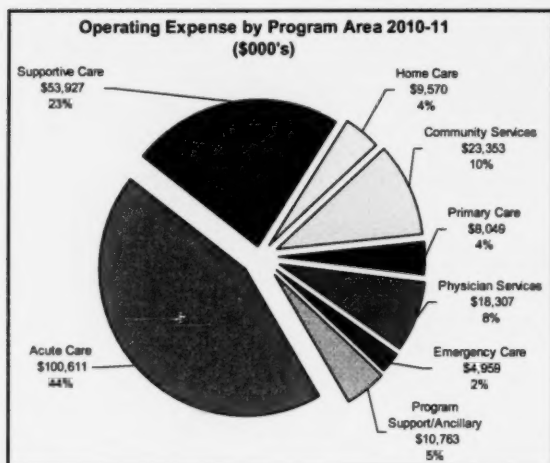
Expenditures

Operating Fund expenditures for 2010-11 totaled \$229,538,877, an increase of \$6 million over budgeted expenditures.

A budget variance threshold of \$5,000 or 5% is used to identify significant variances for reporting purposes. Using this criteria, the most significant variances for 2010-11 occur under programs in Acute Care, Community Care, Physician Compensation and Program Support. The variances primarily relate to compensation. Costs increased relating to Collective Agreement settlements and Saskatchewan Medical Association (SMA) retro-active payments. Costs were lower than budgeted due to position vacancies during the year. The Collective Agreement and SMA increases were fully funded by the Ministry of Health.

2010-11 Financial Overview

(Continued)



Operating funding provided to Health Care Organizations and other third parties is as follows (refer to Note 9 of the Financial Statements):

Ambulance Providers:

Lloydminster Emergency Care Services (1989)	\$ 404,350
Marshall's Ambulance Care Ltd.	\$ 629,500
WPD Ambulance	\$ 1,119,900

Community Mental Health

& Addiction Programs:

Canadian Mental Health Association	\$ 157,228
Edwards Society Inc.	\$ 399,601
Libbie Young Centre Inc.	\$ 457,605
Portage Vocational Society Inc.	\$ 68,300
Walter A. "Slim" Thorpe Centre Inc.	\$ 601,923

Long-Term Care/Assisted Living:

Points West Living	
Lloydminster Inc.	\$ 1,635,471
Société Joseph Breton Inc. (Villa Pascal)	\$ 2,386,271

Capital Fund Expenditures consist of Amortization of \$6.8 million and Mortgage interest of \$260,973. Capital acquisitions during 2010-11 totaled \$9 million.

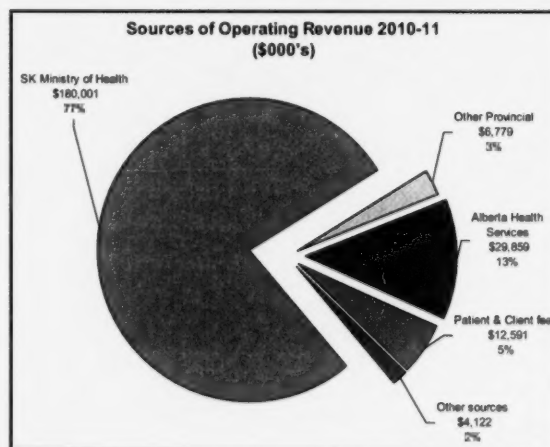
Community Fund transactions consisted of \$9,703 relating to approved Community Fund expenditures.

Revenues

Operating Fund revenues totaled \$233 million, an increase of \$10 million over the budgeted Operating Revenues of \$223 million. Additional funding was provided by the Saskatchewan Ministry of Health (corresponding to the adjusted compensation as noted under Expenditures) and Alberta Health Services (\$2.8 million to fund prior year Operating Fund deficits).

Additional funding from Alberta Health Services of \$2.7 million was also provided relating to prior year capital expenditures for Lloydminster services.

Community Fund revenue consists of donations and interest revenue totaling \$21,983.



2010-11

Financial Overview

(Continued)

Other

Special Funds

Prairie North Regional Health Authority is responsible for Community Trust Funds totaling \$1.2 million. These funds are community generated funds subject to restrictions as set out in pre-amalgamation agreements with the Health Region. These assets are accounted for separately and any interest earned is credited to the fund.

Prairie North holds restricted Capital Funds in the amount of \$3.4 million as provided by the Ministry of Health for the purpose of capital replacement of Northland Pioneers Lodge in Meadow Lake.

There is also \$391,422 restricted for Replacement Reserves as a requirement in respect of Long-Term Care facilities financed by Canadian Mortgage and Housing Corporation.

The Region holds \$491,631 in restricted funds respecting Operating Donations, \$849,025 in Capital Donations, \$309,000 for Emergency Room Renovations, \$300,158 for Northland Pioneers Lodge, and \$99,017 in funds set aside for future ambulance purchases.

Loans and Deferred Revenue

PNRHA has total outstanding mortgages payable of \$4.6 million. For each of the mortgages, the related buildings are pledged as security.

Deferred Revenue includes \$2.2 million received from the Ministry of Health. These funds are restricted to be spent on specific programs as targeted by the Ministry. Deferred Revenue held for non-Ministry initiatives totals \$1.2 million. (See Note 6 to the Financial Statements for further detail.)

Audited Financial Statements

MENSSA BAERT CAMERON ODISHAW CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

TO: THE BOARD OF DIRECTORS OF PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO: THE MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN

We have audited the accompanying financial statements of Prairie North Regional Health Authority, which comprise the statement of financial position as at March 31, 2011, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

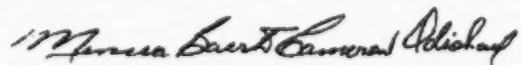
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Prairie North Regional Health Authority as at March 31, 2011, and the statements of operations and changes in fund balances and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants

North Battleford, Saskatchewan
May 25, 2011

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
as at March 31, 2011**

Statement 1

	Operating Fund	Restricted Funds		Total 2011	Total 2010
		Capital Fund	Community Trust Fund		(Note 10)
ASSETS					
Current assets					
Cash and short-term investments	\$ 25,447,027	\$ 5,456,291	\$ 1,200,704	\$ 32,104,022	\$ 22,450,529
Accounts receivable					
Saskatchewan Health - General Revenue Fund	606,839	-	-	606,839	1,363,560
Other	2,567,143	441,249	-	3,008,392	6,695,838
Inventory	1,766,955	-	-	1,766,955	2,312,303
Prepaid expenses	1,328,137	-	-	1,328,137	1,555,132
	<u>31,716,101</u>	<u>5,897,540</u>	<u>1,200,704</u>	<u>38,814,345</u>	<u>34,377,362</u>
Investments (Note 2, Schedule 2)	1,889,408	-	50,449	1,939,857	1,219,190
Capital assets (Note 3)	-	60,564,292	-	60,564,292	58,222,722
TOTAL ASSETS	<u>\$ 33,605,509</u>	<u>\$ 66,461,832</u>	<u>\$ 1,251,153</u>	<u>\$ 101,318,494</u>	<u>\$ 93,819,274</u>
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	\$ 10,341,098	\$ 528,256	\$ 7,520	\$ 10,876,874	\$ 6,043,961
Accrued salaries payable	7,592,943	-	-	7,592,943	12,163,261
Accrued vacation payable	12,616,785	-	-	12,616,785	11,073,560
Current portion of mortgages payable (Note 5)	-	360,370	-	360,370	361,602
Deferred revenue (Note 6)	3,565,523	-	-	3,565,523	2,835,911
	<u>34,116,349</u>	<u>888,626</u>	<u>7,520</u>	<u>35,012,495</u>	<u>32,478,295</u>
Deferred Salary	62,567	-	-	62,567	19,667
Mortgages payable (Note 5)	-	4,281,427	-	4,281,427	4,642,809
TOTAL LIABILITIES	<u>34,178,916</u>	<u>5,170,053</u>	<u>7,520</u>	<u>39,356,489</u>	<u>37,140,771</u>
Fund balances:					
Invested in capital assets	-	55,922,495	-	55,922,495	53,218,310
Externally restricted (Schedule 3)	-	3,420,662	1,243,633	4,664,295	2,378,130
Internally restricted (Schedule 4)	491,631	1,948,622	-	2,440,253	2,251,502
Unrestricted Fund Balances	(1,065,038)	-	-	(1,065,038)	(1,169,439)
TOTAL FUND BALANCES (Statement 2)	<u>(573,407)</u>	<u>61,291,779</u>	<u>1,243,633</u>	<u>61,962,005</u>	<u>56,678,503</u>
TOTAL LIABILITIES AND FUND BALANCES	<u>\$ 33,605,509</u>	<u>\$ 66,461,832</u>	<u>\$ 1,251,153</u>	<u>\$ 101,318,494</u>	<u>\$ 93,819,274</u>

Commitments (Note 4)

Mortgages (Note 5)

Pension Plan (Note 11)

Approved by the Board of Directors:

B. O. Brady Director

Leanne M. Anwar Director

The accompanying notes and schedules are part of these financial statements.

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
for the year ended March 31, 2011**

Statement 2

	Operating Fund			Restricted Funds			
	Budget	2011	2010	Capital Fund	Community Trust Fund	Total	Total
	(Note 12)			2011	2011	2011	2010 (Note 10)
REVENUES							
Saskatchewan Health - General Revenue	\$ 170,401,922	\$ 180,001,120	\$ 151,684,265	\$ 4,458,117	\$ -	\$ 4,458,117	\$ 2,734,259
Other Provincial Revenue	3,651,997	4,163,429	4,270,970	-	-	-	-
Federal Government Revenue	200,030	133,659	149,329	113,338	-	113,338	113,338
Funding from Other Provinces	28,546,340	29,858,648	28,442,896	2,704,566	-	2,704,566	180,791
Special Funded Programs	2,755,153	2,615,653	2,680,291	-	-	-	-
Patient Fees	10,373,760	10,605,060	10,308,186	-	-	-	-
Out of Province Revenue (Reciprocal)	2,107,800	1,791,873	1,725,828	-	-	-	-
Out of Country Revenue	64,800	60,278	64,169	-	-	-	-
Donations	302,500	259,053	316,742	1,134,645	9,446	1,144,091	1,403,785
Investment Income	149,250	247,096	154,788	97,378	12,537	109,915	102,960
Ancillary Revenue	307,400	283,516	301,727	-	-	-	-
Recoveries	2,858,629	2,839,102	2,751,092	-	-	-	58,624
Other Revenue	1,322,000	493,050	1,090,690	87,377	-	87,377	131,874
TOTAL REVENUES	223,041,581	233,351,537	203,940,973	8,595,421	21,983	8,617,404	4,725,611
EXPENSES							
Province Wide Acute Care Services	23,435,995	23,505,704	22,783,806	56,369	-	56,369	56,646
Acute Care Services	71,676,651	77,105,550	74,373,809	4,469,563	-	4,469,563	4,925,191
Physician Compensation - Acute Care	8,950,696	9,289,336	7,684,433	-	-	-	-
Supportive Care Services	54,843,332	53,927,396	52,674,285	1,283,779	9,703	1,293,482	1,239,838
Home Based Service - Supportive Care	8,191,813	7,866,586	7,492,346	80,649	-	80,649	89,869
Population Health Services	5,283,575	5,394,909	4,789,695	10,505	-	10,505	9,916
Community Care Services	10,920,503	11,654,004	10,318,382	-	-	-	-
Home Based Services - Acute & Palliative	1,753,424	1,703,196	1,411,970	-	-	-	-
Primary Health Care Services	8,378,583	8,048,889	6,493,800	547,628	-	547,628	848,104
Emergency Response Services	4,861,930	4,958,980	5,159,534	107,651	-	107,651	88,206
Mental Health Services - Inpatient	2,968,337	2,696,534	2,531,353	3,415	-	3,415	3,450
Addiction Services - Residential	869,965	912,448	902,286	6,664	-	6,664	7,580
Physician Compensation - Community	8,196,904	9,017,267	5,430,485	-	-	-	-
Program Support Services	9,640,021	10,500,233	10,538,302	570,113	-	570,113	817,579
Special Funded Programs	2,637,042	2,695,104	2,574,859	523	-	523	4,186
Ancillary	426,301	262,741	382,112	-	-	-	-
TOTAL EXPENSES (Schedule 1)	223,035,072	229,538,877	215,541,437	7,136,859	9,703	7,146,562	8,090,565
EXCESS (DEFICIENCY) OF							
REVENUES OVER EXPENSES	\$ 6,509	3,812,660	(11,600,464)	1,458,562	12,280	1,470,842	(3,364,954)
Fund balances, beginning of year		(695,564)	225,808	56,142,714	1,231,353	57,374,067	71,418,113
Interfund transfers (Note 14)		(3,690,503)	10,679,092	3,690,503	-	3,690,503	(10,679,092)
FUND BALANCES, END OF YEAR		\$ (573,407)	\$ (695,564)	\$ 61,291,779	\$ 1,243,633	\$ 62,535,412	\$ 57,374,067

The accompanying notes and schedules are part of these financial statements.

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
for the year ended March 31, 2011**

Statement 3

	Operating Fund		Restricted Funds			
	2011	2010 (Note 10)	Capital Fund	Community Trust Fund	2011	2010 (Note 10)
	Operating Activities		Financing and Investing Activities			
Cash (used in) provided by:						
Excess (deficiency) of revenues over expenses	\$ 3,812,660	\$ (11,600,464)	\$ 1,458,562	\$ 12,280	\$ 1,470,842	\$ (3,364,954)
Amortization	-	-	6,850,886	-	6,850,886	7,690,877
Gain on sale of capital assets	-	-	-	-	-	-
Net change in non-cash working capital (Note 7)	4,654,028	5,315,770	2,399,881	20,266	2,420,147	(1,918,664)
	<u>8,466,688</u>	<u>(6,284,694)</u>	<u>10,709,329</u>	<u>32,546</u>	<u>10,741,875</u>	<u>2,407,259</u>
Purchase of capital assets						
Buildings/Construction	-	-	(5,789,403)	-	(5,789,403)	(2,043,937)
Equipment	-	-	(3,403,055)	-	(3,403,055)	(6,158,477)
Proceeds on sale of capital assets	-	-	-	-	-	-
Sale (purchase) of long-term investments	-	-	-	-	-	-
	<u>-</u>	<u>-</u>	<u>(9,192,458)</u>	<u>-</u>	<u>(9,192,458)</u>	<u>(8,202,414)</u>
Acquisition of debt	-	-	-	-	-	-
Repayment of debt	-	-	(362,613)	-	(362,613)	(351,119)
	<u>-</u>	<u>-</u>	<u>(362,613)</u>	<u>-</u>	<u>(362,613)</u>	<u>(351,119)</u>
Net (decrease) increase in cash and short-term investments during the year	8,466,688	(6,284,694)	1,154,258	32,546	1,186,804	(6,146,274)
Cash and short-term investments beginning of year	20,670,842	16,276,444	611,530	1,168,158	1,779,688	18,605,053
Interfund transfers (Note 14)	(3,690,503)	10,679,092	3,690,503	-	3,690,503	(10,679,092)
CASH AND SHORT-TERM INVESTMENTS, END OF YEAR (Schedule 2)	<u>\$ 25,447,027</u>	<u>\$ 20,670,842</u>	<u>\$ 5,456,291</u>	<u>\$ 1,200,704</u>	<u>\$ 6,656,995</u>	<u>\$ 1,779,687</u>
Supplementary Information:						
Cash interest paid	\$ -	\$ -	\$ 261,651	\$ -	\$ 261,651	\$ 278,867

The accompanying notes and schedules are part of these financial statements.

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011**

1. LEGISLATIVE AUTHORITY

The Prairie North Regional Health Authority (the Authority) operates under the *Regional Health Services Act (The Act)* and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of *The Act*. The Prairie North Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government. The Prairie North Regional Health Authority is a registered charity under the *Income Tax Act* of Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

- i. The Authority has agreements with and grants funding to the following Health Care Organizations (HCOs) and third parties to provide health services:

Canadian Mental Health Association (Saskatchewan Division) Inc.
Edwards Society Inc.
Libbie Young Centre Inc.
Lloydminster Emergency Care Services Inc.
Marshall's Ambulance Care Ltd.
Points West Living Lloydminster Inc.
Portage Vocational Society Inc.
Walter A. "Slim" Thorpe Centre Inc.
WPD Ambulance

Note 9 b) i. provides disclosure of payments to HCOs and third parties.

- ii. The following affiliate is incorporated under the *Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*:

Société Joseph Breton Inc.

The Authority has entered into an affiliation agreement with and provides annual grant funding to this organization for the delivery of health care services. Consequently, the Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Authority's financial statements. Alternatively, Note 9 b) ii. provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

- iii. The Lloydminster Region Health Care Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under the *Non-Profit Corporations Act* and are registered charities under the *Income Tax Act*.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii. provides supplementary financial information of the Foundations.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

b) Fund Accounting

The accounts of the Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i. Operating fund

The operating fund reflects the primary operations of the Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health - General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii. Capital fund

The capital fund is a restricted fund that reflects the equity of the Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital assets and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii. Community Trust fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Authority and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

Transfers of capital assets from a related party are recorded at the asset carrying amounts.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost as determined on the average cost basis or net realizable value.

f) Pension

Employees of the Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Authority expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

h) Financial Instruments

The Authority has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the Authority's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short-term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2011 (2010 – none), the Authority does not have any outstanding contracts or financial instruments with embedded derivatives.

The Authority is exposed to financial risks as a result of financial instruments. The primary risks the Authority may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by the changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge on an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The Authority has policies and procedures in place to mitigate these risks.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

1) Replacement Reserves

The Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

2) Allocation of Expenses

The Authority incurs a number of general support expenses that are common to the administration of the organization and each of its programs. The Authority allocates certain of its general support expenses by identifying the appropriate basis of allocating each component expense, and applies that basis consistently each year. Corporate governance and general management expenses are not allocated; other general support expenses are allocated on the following basis:

	Province-wide			
	Acute Care Services	Acute Care Services	Supportive Care Services	Community
Materials Management		100%		
Centralized Scheduling	23%	49%	28%	
Insurance & Property Management		62%	36%	2%
Recruitment		56%	44%	
Membership and Payroll fees		56%	44%	
Professional Development		50%	50%	

3. CAPITAL ASSETS

	March 31, 2011			March 31, 2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 1,563,822	\$ -	\$ 1,563,822	\$ 1,563,822
Land improvements	1,635,740	1,546,289	89,451	111,133
Leasehold improvements	451,011	265,841	185,170	251,827
Buildings	97,227,983	59,470,833	37,757,150	40,480,248
Equipment	64,988,468	50,232,788	14,755,680	14,516,435
Construction in progress	6,213,020	-	6,213,020	1,299,257
	<u>\$ 172,080,044</u>	<u>\$ 111,515,752</u>	<u>\$ 60,564,292</u>	<u>\$ 58,222,722</u>

4. COMMITMENTS

a) Capital Assets Acquisitions

At March 31, 2011, commitments for acquisition of capital assets were \$88,385 (2010 - \$507,787). Also at March 31, 2011 commitments for capital construction in progress were \$2,237,583 (2010 - \$0).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2012	\$	698,999
2013		702,687
2014		698,423
2015		594,265
2016		549,103

c) Contracted Health Service Operators

The Authority continues to contract on an ongoing basis with private health service operators to provide health services within the Region similar to those provided in the year ending March 31, 2011. Note 9 b) provides supplementary information on Health Care Organizations.

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	2011	2010
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.420%	\$94,777 principal and interest, of which \$26,245 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.28%. Mortgage renewal date - March 1, 2017	\$ 826,193	\$ 883,406
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.390%	\$43,101 principal and interest, of which \$7,117 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.44%. Mortgage renewal date - June 1, 2015	374,027	400,230
Lakeland Lodge, St. Walburg CMHC, due March 1, 2026	8.000%	\$32,973 principal and interest. Mortgage renewal date - March 1, 2026	289,961	299,540
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	5.140%	\$179,634 principal and interest, of which \$58,105 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.01%. Mortgage renewal date - December 1, 2013	1,378,368	1,484,917
Northland Pioneers Lodge, Meadow Lake CMHC, due January 1, 2017	5.375%	\$8,521 principal and interest. Mortgage renewal date - January 1, 2017	42,663	48,740

5. MORTGAGES PAYABLE (continued)

Title of Issue	Interest Rate	Annual Repayment Terms	2011	2010
Northland Pioneers Lodge, Meadow Lake CMHC due April 1, 2022	4.420%	\$87,291 principal and interest, of which \$21,871 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.58%. Mortgage renewal date - March 1, 2017	765,400	817,902
The Battlefords River Heights Lodge Corp. CMHC, due January 1, 2017	5.375%	\$12,470 principal and interest. Mortgage renewal date - January 1, 2017	62,427	71,320
The Battlefords River Heights Lodge Corp. CMHC, due November 1, 2027	8.000%	\$76,047 principal and interest. Mortgage renewal date - November 1, 2027	705,281	724,612
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.000%	\$15,736 principal and interest. Mortgage renewal date - December 1, 2026	141,833	146,218
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, due December 1, 2011	3.000%	\$79,320 principal and interest. Mortgage renewal date - December 1, 2011	55,644	127,526
			4,641,797	5,004,411
Less current portion			360,370	361,602
			\$ 4,281,427	\$ 4,642,809

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the Authority has pledged the related buildings of the special care homes as security.

Principal repayments required in each of the next five years are estimated as follows:

2012	360,370
2013	320,790
2014	337,740
2015	355,628
2016	374,508
2017 and subsequent	<u>2,892,760</u>
	\$ 4,641,796

6. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received (Returned)	Balance end of Year
Sask Health Initiatives				
Aboriginal Health Partnership	\$ 158,916	\$ 43,274	\$ (115,642)	\$ -
Autism Workshop/Training	222,218	222,218	-	-
HSAS -outstanding CB issues	30,250	30,250	-	-
Infection Control	188,443	-	79,071	267,514
Mental Health Approved Home	893	893	-	-
Mentorship Program	34,117	34,117	-	-
Philippine Nursing Grant	60,526	274	-	60,252
Physician relocation	25,000	-	-	25,000
Primary Care -Pharmacy	20,000	18,883	-	1,117
Primary Care -Maidstone Setup	121,472	58,465	-	63,007
Primary Care -Meadow Lake Team	28,250	28,250	-	-
Primary Care -Meadow Lake Setup	82,905	8,084	-	74,821
Primary Care Team Development	50,535	-	-	50,535
Retention Grant -Compr Work	9,000	-	-	9,000
Retention Grant -ERIC	23,187	23,187	-	-
Retention Grant -Mentors	40,558	40,558	-	-
Retention Grant -PTOT	26,142	11,677	-	14,465
Retention Grant -Meadow Lake RTC	72,579	217	-	72,362
SK Surgical Initiative	-	-	1,164,310	1,164,310
Thorpe Recovery Centre - IP Addictions	-	-	162,000	162,000
Institute for Pt & Family Centred Care	-	-	10,000	10,000
Tobacco Enforcement Act	10,238	-	-	10,238
Workforce Planning	67,475	2,499	-	64,976
Workplace Wellness	223,555	-	-	223,555
	<u>1,496,259</u>	<u>522,846</u>	<u>1,299,739</u>	<u>2,273,152</u>
Non Sask Health Initiatives				
Acquired Brain Injury Funding	20,831	90,000	83,018	13,849
Integrated Wrap-Around	36,397	10,474	-	25,923
Kids First Program NW	205,594	943,603	957,720	219,711
Kids First Program NB	365,630	1,413,267	1,503,815	456,178
HQC -LEAN/RTC	217,645	144,437	30,000	103,208
Preceptorship SAHSN	22,791	22,373	-	418
SGI Community Grant (car seats)	143	143	-	-
SUN Partnership/Retention	412,583	18,540	-	394,043
Youth Criminal Justice (YRG 16)	58,038	69,997	91,000	79,041
	<u>1,339,652</u>	<u>2,712,834</u>	<u>2,665,553</u>	<u>1,292,371</u>
Total Deferred Revenue	<u>\$ 2,835,911</u>	<u>\$ 3,235,680</u>	<u>\$ 3,965,292</u>	<u>\$ 3,565,523</u>

These contributions are restricted for the provision of specific programs and are recognized as revenue in the year the related expenses are incurred.

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
	2011	2010	Capital	Community	Total	Total
			Fund	Trust Fund	2011	2010
(Increase) Decrease in accounts receivable	\$ 2,096,253	\$ (2,253,788)	\$ 2,347,915	\$ -	\$ 2,347,915	\$ (1,215,603)
(Increase) Decrease in inventory	545,348	(728,493)	-	-	-	-
(Increase) Decrease in prepaid expenses	226,995	(305,593)	-	-	-	-
(Increase) Decrease in financial instruments	(740,932)	234,895	-	20,266	20,266	19,796
Increase (Decrease) in accounts payable	4,780,945	115,962	51,966	-	51,966	(722,857)
Increase (Decrease) in accrued salaries	(4,527,418)	7,366,183	-	-	-	-
Increase (Decrease) in vacation payable	1,543,225	816,250	-	-	-	-
Increase (Decrease) in deferred revenue	729,612	70,354	-	-	-	-
	<u>\$ 4,654,028</u>	<u>\$ 5,315,770</u>	<u>\$ 2,399,881</u>	<u>\$ 20,266</u>	<u>\$ 2,420,147</u>	<u>\$ (1,918,664)</u>

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The Authority administers funds held in trust for patients and residents using the Authority's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2011 was \$657,247 (2010 - \$622,204). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The Authority is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2011	2010
Revenues		
Edward's Society Inc.	\$ -	\$ 53,255
Ministry of Corrections, Public Safety & Policing	69,997	61,159
Ministry of Education	2,356,870	2,261,290
Ministry of Social Services	554,203	522,095
Saskatchewan Association of Health Organizations	2,453,000	3,368,000
Saskatchewan Housing Corp	113,338	113,338
Saskatchewan Worker's Compensation Board	484,613	334,185
SGI Canada Insurance Services Ltd.	258,783	257,846
	<u>\$ 6,290,804</u>	<u>\$ 6,971,168</u>
Expenditures		
Battleford Family Health Care	\$ 883,112	\$ 806,327
eHealth Saskatchewan	335,302	99,463
Five Hills Health Region	-	44,260
Ministry of Finance	152,815	249,202
Ministry of Government Services	1,135,496	1,066,267
Ministry of Health	-	50,286
North Sask. Laundry & Support Services Ltd.	1,897,469	1,980,407
Public Employees Superannuation	512,347	479,749
Public Service Superannuation	108,723	142,906
Saskatchewan Association of Health Organizations	7,690,094	6,895,683
SaskEnergy Incorporated	979,693	863,612
Saskatchewan Health Care Employees Pension Plan	9,233,902	7,466,602
Saskatchewan Power Corporation	1,546,144	961,430
Saskatchewan Telecommunications	1,025,976	1,605,434
Saskatchewan Worker's Compensation Board	2,044,461	1,947,101
Saskatoon Health Region	36,636	57,821
University of Saskatchewan	25,037	48,638
	<u>\$ 27,607,207</u>	<u>\$ 24,765,188</u>
Accounts Receivable		
Five Hills Health Region	\$ 8,528	\$ 12,881
eHealth Saskatchewan	12,640	-
Keewatin Yatthe Health Region	16,314	13,225
Ministry of Social Services	84,828	68,830
Prince Albert Parkland Health Region	21,800	-
Saskatchewan Association of Health Organizations	-	1,060,000
Societe Joseph Breton Inc.	400,165	336,924
	<u>\$ 544,275</u>	<u>\$ 1,491,860</u>
Prepaid Expenditures		
Saskatchewan Worker's Compensation Board	\$ 588,135	\$ 485,689
North Sask. Laundry & Support Services Ltd.	-	112,310
Saskatchewan Association of Health Organizations	122,270	118,710
	<u>\$ 710,405</u>	<u>\$ 716,709</u>

9. RELATED PARTIES (continued)

a) Related Party Transactions (continued)

	2011	2010
Accounts Payable		
Canadian Mental Health Association (NB)	\$ 10,175	\$ 415
Ministry of Government Services	86,426	37,648
North Sask. Laundry & Support Services Ltd.	170,924	152,926
Public Service Superannuation	40,454	-
Saskatchewan Association of Health Organizations	455,847	399,381
Saskatchewan Health Care Employees Pension Plan	1,107,045	951,853
Saskatchewan Power Corporation	84,378	48,333
Saskatchewan Telecommunications	64,992	439,513
SaskEnergy Incorporated	36,678	34,214
Societe Joseph Breton Inc.	8,795	198,068
	<u>\$ 2,065,714</u>	<u>\$ 2,262,351</u>

In addition, the Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i. Prescribed Health Care Organizations (HCOs) and Third Parties

The Authority has also entered into conditional grant agreements with prescribed HCOs and third parties to provide health services.

These organizations receive operating funding from the Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Authority provided the following amounts to prescribed HCOs and third parties.

	2011	2010
Canadian Mental Health Association (Saskatchewan Division) Inc.	\$ 157,228	\$ 154,428
Edwards Society Inc.	399,601	354,869
Libbie Young Centre Inc.	457,605	373,899
Lloydminster Emergency Care Services (1989)	404,350	781,308
Marshall's Ambulance Care Ltd.	629,500	629,500
Points West Living Lloydminster Inc.	1,635,471	1,569,136
Portage Vocational Society Inc.	68,300	67,623
Walter A. "Slim" Thorpe Centre Inc.	601,923	596,607
WPD Ambulance	1,119,900	1,119,900
	<u>\$ 5,473,878</u>	<u>\$ 5,647,270</u>

ii. Affiliates

The Act makes the Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Authority. The Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to the affiliate:

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

ii. Affiliates (continued)

	<u>2011</u>	<u>2010</u>
Société Joseph Breton Inc.	\$ <u>2,386,271</u>	\$ <u>2,346,639</u>

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2011 and 2010 and for the years then ended:

	<u>2011</u>	<u>2010</u>
Balance Sheet		
Assets	\$ <u>1,330,942</u>	\$ 1,375,841
Net Capital Assets	<u>1,162,422</u>	1,008,868
Total Assets	\$ <u><u>2,493,364</u></u>	\$ <u><u>2,384,709</u></u>
 Total Liabilities	 \$ <u>984,134</u>	 \$ 1,067,159
Total Net Assets (Fund Balances)	<u>1,509,230</u>	<u>1,317,550</u>
	\$ <u><u>2,493,364</u></u>	\$ <u><u>2,384,709</u></u>
Results of Operations		
Authority Grant	\$ <u>2,386,271</u>	\$ 2,346,639
Other Revenue	<u>586,062</u>	587,410
Total Revenue	<u>2,972,333</u>	<u>2,934,049</u>
 Salaries and Benefits	 <u>2,400,967</u>	 2,272,551
Other Expenses *	<u>379,686</u>	365,016
Total Expenses	<u>2,780,653</u>	<u>2,637,567</u>
Excess of Revenues over Expenses	\$ <u><u>191,680</u></u>	\$ <u><u>296,482</u></u>

* Other Expenses includes amortization of \$66,563 (2010 - \$56,760).

Cash Flows		
Cash from Operations	\$ <u>395,065</u>	\$ 452,485
Cash used in Financing Activities	<u>(37,384)</u>	(37,387)
Cash used in Investing Activities *	<u>(567,073)</u>	(20,479)
Increase in cash	\$ <u><u>(209,392)</u></u>	\$ <u><u>394,619</u></u>

* Investing Activities includes capital purchases of \$220,118 (2010 - \$105,823).

iii. Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

9. RELATED PARTIES (continued)

b) Health Care Organizations (continued)

iii. Fundraising Foundations (continued)

Lloydminster Region Health Foundation Inc.

The Authority has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of \$418,156 (2010 - \$797,834) to Prairie North Regional Health Authority of which \$87,757 (2010 - \$4,599) is payable at March 31, 2011.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The Authority has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of \$648,606 (2010 - \$363,052) to Prairie North Regional Health Authority of which \$114,573 (2010 - \$129,838) is payable at March 31, 2011.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The Authority has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of \$52,319 (2010- \$42,413) to Prairie North Regional Health Authority. As at March 31, 2011, the Foundation held funds of \$24,825 (2010 - \$12,612) which will flow to the Authority for capital and departmental purchases.

Twin Rivers Health Care Foundation Inc.

The Authority has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of \$77,356 (2010 - \$302,556) to Prairie North Regional Health Authority of which \$45,180 (2010 - \$9,370) is payable at March 31, 2011. In addition, there is a balance payable to Prairie North Regional Health Authority of \$227,784 pertaining to the local share of the Maidstone building project.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain 2009-2010 balances have been reclassified to conform to the current year's presentation.

11. PENSION

Employees of the Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Authority's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) - This is a defined benefit plan that is the responsibility of the Province of Alberta. The Authority's financial obligation to the plans is limited to making the required payments according to the current agreement.

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2009, which is the latest available financial information, is \$3,998,614,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll. The obligation will be partially reduced through increased contribution rates.

Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the contribution amount below.

	2011				2010	
	SHEPP ¹	PSSP	PEPP	LAPP	Total	Total
Number of active members	2,173	10	137	133	2,453	2,507
Member contribution rate, percentage of	7.20-9.60%	7% -9%*	5.0-7.0%	8.49-12.13%		
RHA contribution rate, percentage of salary	8.064-10.752%	416%	5.0-7.0%	9.49-13.13%		
Member contributions (thousands of dollars)	7,230	26	473	571	8,300	6,962
RHA contributions (thousands of dollars)	8,097	108	506	620	9,331	7,886

* Contribution rate varies based on employee group.

1. Active members include all employees of the RHA, including those on leave of absence as of March 31, 2011. Inactive members are transferred to SHEPP and not included in these results.

12. BUDGET

The Authority approved the 2010-11 budget plan on May 26, 2010.

13. FINANCIAL INSTRUMENTS

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Values

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is \$4,399,642 (2010 - \$4,746,392) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Unrecognized Financial Instruments

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures. The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of \$67,275.

14. INTERFUND TRANSFERS

Each year the Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2011				2010		
	Operating Fund	Capital Fund	Community Trust Fund		Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	\$ (3,724,594)	\$ 3,724,594	\$ -	\$	(2,453,966)	\$ 2,453,966	\$ -
SHC reserves	34,091	(34,091)	-		33,058	(33,058)	-
Mortgage payments	-	-	-		-	-	-
Ministry directed transfer	-	-	-		13,100,000	(13,100,000)	-
	<u>\$ (3,690,503)</u>	<u>\$ 3,690,503</u>	<u>\$ -</u>	\$	<u>10,679,092</u>	<u>(10,679,092)</u>	<u>\$ -</u>

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES (FORMERLY EAST CENTRAL HEALTH)

General

The Authority is responsible for providing health services to Saskatchewan residents. The Authority provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with Alberta Health Services (AHS). This agreement sets out the general principles and processes with respect to:

- i) The health services to be provided and the service areas and/or populations to be served by the Authority on behalf of AHS;
- ii) The operating, equipment and capital funding and any other related payments to be provided by AHS to the Authority;
- iii) The management and operation of the Dr. Cooke Extended Care Centre by the Authority;
- iv) The management and direction of Dr. Cooke Extended Care Centre employees by the Authority; and
- v) The reporting and accountability requirements in respect of the services provided by the Authority on behalf of AHS. Specific details on some of these matters have to be concluded as addenda to this agreement.

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to AHS under the authority of Order In Council #106/95 dated March 31, 1995.

The Authority manages and operates this facility on behalf of AHS.

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke Facility as follows:

	<u>2011</u>	<u>2010</u>
Balance Sheet		
Cash and Short-Term Investments	\$ 13,118	\$ 13,687
Accounts Receivable	35,261	25,627
Inventory	16,952	14,938
Prepaid Expenses	-	-
Total Assets	<u>\$ 65,331</u>	<u>\$ 54,252</u>
Accounts Payable	\$ 145,088	\$ 106,865
Accrued Salaries	193,505	182,620
Accrued Vacation Pay	474,303	457,096
Fund Deficit	<u>(747,565)</u>	<u>(692,329)</u>
Total Liabilities and Fund Balance	<u>\$ 65,331</u>	<u>\$ 54,252</u>
Results of Operations		
ECH Grant	\$ 7,440,721	\$ 6,696,801
Other Revenue	1,954,145	1,943,817
Total Revenue	<u>9,394,866</u>	<u>8,640,618</u>
Salaries & Benefits	7,945,900	7,950,935
Other Expenses	1,604,173	1,619,113
Total Expenses *	<u>9,550,073</u>	<u>9,570,046</u>
Excess of Expenses over Revenue	<u>\$ (155,207)</u>	<u>\$ (929,428)</u>

* Expenses include the Authority's allocated costs of \$914,092 (2010 - \$955,119).

The Authority has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of AHS.

16. VOLUNTEER SERVICES

The operations of the Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

17. CONTINGENCIES

Lawsuits

The Authority is currently involved in four legal claims. The Authority's insurance coverage would be adequate to cover the claims. The outcome of these legal claims cannot be determined at this time and, accordingly, no liability has been recorded in these financial statements.

Collective Agreements

The HSAS contract expired March 31, 2009 and negotiations are ongoing.

18. FUTURE ACCOUNTING CHANGES

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
for the year ended March 31, 2011

	Budget 2011	Actual 2011	Actual 2010
Operating:			
Advertising & public relations	\$ 86,550	\$ 61,844	\$ 61,869
Board costs	130,000	104,144	107,389
Compensation - Benefits:			
WCB employer premium	2,120,306	2,151,977	2,053,801
Other compensation benefits	23,412,271	23,506,233	21,796,797
Compensation - Salaries	132,076,018	135,970,629	129,584,845
Continuing education fees & materials	704,850	739,698	572,781
Contracted-out services - Other	5,829,288	5,540,483	5,598,390
Diagnostic imaging supplies	356,250	441,108	386,631
Dietary supplies	292,050	286,236	295,091
Drugs	3,015,250	3,021,903	2,984,981
Food	3,827,060	3,662,023	3,619,684
Grants to ambulance services	2,153,750	2,153,750	2,530,708
Grants to health care organizations	5,246,432	5,716,208	5,483,200
Housekeeping & laundry supplies	1,237,820	1,157,796	1,229,771
Information technology contracts	773,962	1,072,868	1,233,398
Insurance	346,000	352,418	381,657
Interest	26,000	27,111	20,494
Laboratory supplies	1,652,100	1,804,711	1,680,499
Medical & surgical supplies	5,496,300	6,033,028	5,303,047
Medical remuneration & benefits:			
WCB employer premium	3,800	6,926	8,575
Other medical remuneration & benefits	16,821,224	17,712,492	12,863,263
Meetings	148,050	100,820	118,174
Office supplies & other office costs	1,742,470	1,935,460	1,899,108
Other	2,280,469	2,490,818	1,664,833
Professional fees	1,257,885	1,269,655	1,307,101
Prosthetics	525,120	484,184	389,199
Purchased salaries	369,333	467,150	502,767
Rent/lease/purchase costs	1,297,917	1,337,028	1,898,417
Repairs & maintenance	1,269,600	1,491,609	1,362,872
Service contracts	1,404,796	1,562,772	1,440,583
Supplies - Other	1,284,313	1,176,336	1,126,232
Therapeutic supplies	2,900	2,028	1,533
Travel	2,457,488	2,109,698	2,500,009
Utilities	3,387,450	3,587,733	3,533,738
Total Operating Expenses	\$ 223,035,072	\$ 229,538,877	\$ 215,541,437
	\$ -	\$ -	
Restricted:			
Amortization		\$ 6,850,886	\$ 7,690,877
Loss/(Gain) on disposal of fixed assets		-	
Mortgage Interest Expense		260,973	276,150
Other		34,703	123,538
		\$ 7,146,562	\$ 8,090,565

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2011

	Fair Value	Maturity	Effective Rate
Restricted Investments* -Capital Fund			
Cash and Short Term			
Chequing and Savings:			
Synergy Credit Union, Lloydminster	5,456,291		
	<u>5,456,291</u>		
Restricted Investments* -Community Fund			
Cash and Short Term			
Chequing and Savings:			
Edam Credit Union	111,217		
Goodsoil Credit Union	43,042		
Innovation Credit Union, Meadow Lake	409,440		
Innovation Credit Union, North Battleford	188,794		
R.M of Wilton	40,774		
R.M. of Frenchman Butte	9,651		
R.M. of Hillsdale	54,930		
Synergy Credit Union, Lloydminster	15,384		
Town of Cut Knife	183,103		
Town of Lashburn	24,572		
Town of Marshall	1,101		
Town of St Walburg	27,187		
Village of Rockhaven	15,294		
Village of Waseca	9,426		
Credential Securities	46,524	28-Apr-11	1.61%
Edam Credit Union	20,265	01-Dec-11	4.00%
	<u>1,200,704</u>		
Long Term			
Edam Credit Union	50,449	22-Jan-13	4.75%
	<u>50,449</u>		
Total Restricted Investments -Community Fund	<u>1,251,153</u>		
Subtotal	<u>6,707,444</u>		

* Restricted Investments consist of:

- Community Generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) held in the Capital Fund (Schedule 4).

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
as at March 31, 2011**

Schedule 2 (continued)

	Fair Value	Maturity	Effective Rate
Balance Forward	\$ 6,707,444		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Innovation Credit Union	2,498,045		
Synergy Credit Union	21,169,104		
Turtleford Credit Union	23,694		
Equities	300		
Petty Cash	14,213		
Dundee Investments Savings	4,519		
CDN Western Bank GIC	25,372	28-Apr-11	1.61%
Synergy Credit Union	180,637	11-Jun-11	1.30%
Synergy Credit Union	109,611	17-Jun-11	1.10%
Synergy Credit Union	42,022	25-Jun-11	3.00%
Synergy Credit Union	126,297	02-Jul-11	1.60%
Synergy Credit Union	84,217	15-Sep-11	1.75%
Synergy Credit Union	50,053	03-Dec-11	1.90%
Synergy Credit Union	130,208	14-Dec-11	1.90%
Canada Housing TR SR	161,699	15-Dec-11	3.95%
Synergy Credit Union	236,664	29-Dec-11	1.90%
Synergy Credit Union	217,101	29-Dec-11	3.70%
Synergy Credit Union	161,691	12-Jan-12	1.80%
Term Deposit - Servus Credit Union	211,580	n/a	2.35%
	<u>25,447,027</u>		
Long Term			
Credit Union Member shares	5		
Member equity	118,957		
CDN Western Bank GIC	25,626	30-Apr-12	2.71%
BMO Advisors ADV Trust GIC	46,104	30-Apr-12	2.25%
Synergy Credit Union	42,022	25-Jun-12	3.00%
Synergy Credit Union	50,102	03-Dec-12	2.20%
Synergy Credit Union	433,524	28-Dec-12	2.20%
Synergy Credit Union	217,337	29-Dec-12	3.75%
CDN Western Bank GIC	31,799	29-Apr-13	3.31%
Synergy Credit Union	42,022	25-Jun-13	3.00%
CDN Western GIC	57,035	05-Aug-13	2.67%
Synergy Credit Union	50,142	03-Dec-13	2.45%
Synergy Credit Union	218,524	29-Dec-13	4.00%
Synergy Credit Union	42,023	25-Jun-14	3.00%
Concentra GIC	101,191	20-Oct-14	2.65%
Synergy Credit Union	50,134	03-Dec-14	2.40%
Synergy Credit Union	218,606	07-Jun-15	3.72%
Synergy Credit Union	42,023	25-Jun-15	3.00%
Manulife GIC	52,058	23-Nov-15	2.95%
Synergy Credit Union	50,174	03-Dec-15	2.65%
	<u>1,889,408</u>		
Total Unrestricted Investments -Operating Fund	<u>27,336,435</u>		
Total Investments	<u>\$ 34,043,879</u>		
<u>Restricted and Unrestricted Totals</u>			
Total Cash & Short Term	32,104,022		
Total Long Term	1,939,857		
Total Investments	<u>\$ 34,043,879</u>		

**PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2011**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Pine Island Lodge	\$ 9,703	\$ -	\$ -	\$ (9,703)	\$ -	\$ -
L. Gervais Memorial Health Centre	88,460	874	-	-	-	89,334
Northland Pioneer Lodge	405,432	3,142	-	-	-	408,574
Lady Minto Health Centre	168,174	4,123	9,446	-	-	181,743
Saskatchewan Hospital	189,788	1,449	-	-	-	191,237
River Heights Lodge	6,315	393	-	-	-	6,708
R.M. of Cut Knife	140,861	768	-	-	-	141,629
R.M. of Frenchman Butte	9,592	59	-	-	-	9,651
R.M. of Hillsdale	54,502	429	-	-	-	54,931
R.M. of Wilton	40,222	552	-	-	-	40,774
Town of Cut Knife	41,138	336	-	-	-	41,474
Town of Lashburn	24,344	228	-	-	-	24,572
Town of St. Walburg	26,950	237	-	-	-	27,187
Village of Marshall	1,100	-	-	-	-	1,100
Village of Rockhaven	15,186	108	-	-	-	15,294
Village of Waseca	9,586	(159)	-	-	-	9,427
	<u>\$ 1,231,353</u>	<u>\$ 12,536</u>	<u>\$ 9,446</u>	<u>\$ (9,703)</u>	<u>\$ -</u>	<u>\$ 1,243,632</u>

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Revenue	Capital Grant	Expenses	Withdrawals/ Transfers	Balance End of Year
Ministry of Health -Capital Projects	\$ 1,146,777	\$ 90,964	\$ 2,200,000	\$ (17,079)	\$ -	\$ 3,420,662
	<u>\$ 1,146,777</u>	<u>\$ 90,964</u>	<u>\$ 2,200,000</u>	<u>\$ (17,079)</u>	<u>\$ -</u>	<u>\$ 3,420,662</u>
Total Externally Restricted Funds	<u>\$ 2,378,130</u>	<u>\$ 103,500</u>	<u>\$ 2,209,446</u>	<u>(\$26,782)</u>	<u>\$ -</u>	<u>\$ 4,664,294</u>

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2011

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation	Other Income	Operating Expenses	Capital Expenses	Balance End of Year
Capital							
SHC Replacement Reserves							
Cut Knife & District Special Care Home Inc.	\$ 48,498	\$ 530	\$ 9,340	\$ -	\$ (2,825)	\$ -	\$ 55,543
L.Gervais Memorial Health Centre	-	-	4,500	-	(4,500)	-	-
Lakeland Lodge	57,680	630	6,500	-	-	-	64,810
Lloydminster and District Senior Citizens Lodge	-	-	13,000	-	(13,000)	-	-
Northland Pioneers Lodge	188,419	2,060	19,523	-	(13,766)	(20,787)	175,449
River Heights Lodge	6,459	71	15,735	-	-	(2,494)	19,771
Turtle River Nursing Home	75,029	820	-	-	-	-	75,849
Total SHC	376,085	4,111	68,598	-	(34,091)	(23,281)	391,422
Other Internally Restricted Funds							
Donation Funds	769,209	-	-	144,942	-	(65,126)	849,025
ER Renovation Reserve	309,000	-	-	-	-	-	309,000
Northland Pioneers Lodge Reserve	297,848	2,310	-	-	-	-	300,158
Reserve for Ambulance	25,485	-	73,532	-	-	-	99,017
Total Capital	1,777,627	6,421	142,130	144,942	(34,091)	(88,407)	1,948,622
Operating							
Other Internally Restricted Funds							
Donation Funds	473,875	-	-	89,220	(71,464)	-	491,631
Total Operating	473,875	-	-	89,220	(71,464)	-	491,631
Total Internally Restricted Funds	\$ 2,251,502	\$ 6,421	\$ 142,130	\$ 234,162	\$(105,555)	\$ (88,407)	\$ 2,440,253

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION
for the year ended March 31, 2011

Board Members	2011							2010
	Retainer	Per Diem	Travel Time	Travel & Sustenance	Other Expenses	CPP	Total	Total
Chairperson								
O'Grady, Bonnie	\$ 9,960	\$ 17,325	\$ 9,863	\$ 6,399	\$ (88)	\$ 1,671	\$ 45,130	\$ 48,832
Board Member								
Berry, Joanne	-	5,638	2,466	3,197	-	298	11,599	11,401
Christensen, Ben	-	3,363	600	1,275	-	121	5,359	6,819
Churn, Gillian	-	3,350	875	1,223	-	-	5,448	5,291
Clements, Ross	-	1,350	200	283	-	37	1,870	2,426
Fiddler, Richard	-	2,300	1,313	1,990	-	119	5,722	4,802
Lamon, Terry	-	3,688	1,400	1,560	-	188	6,836	6,283
Lundquist, Helen	-	3,525	963	1,548	-	149	6,185	7,049
Pike, Jane	-	3,425	1,163	1,744	-	151	6,483	5,716
Sauer, Leanne	-	2,900	788	844	-	123	4,655	2,731
Speer, Donald	-	2,650	475	1,098	-	-	4,223	3,297
Young, Colleen	-	2,225	563	520	-	78	3,386	2,515
Total	\$ 9,960	\$ 51,739	\$ 20,669	\$ 21,681	\$ (88)	\$ 2,935	\$106,896	\$ 107,162

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2011

Senior Employees	2011					2010		
	Salaries ¹	Benefits and Allowances ²	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Fan, David - CEO	\$ 198,310	\$ 84	\$ 198,394	\$ -	\$198,394	\$ 198,394	\$ -	\$ 198,394
Chabot, Lionel - VP	144,021	84	144,105	-	144,105	140,071	-	140,071
Denis, Irene - VP	144,021	84	144,105	-	144,105	140,071	-	140,071
Jiricka, Barbara - VP	144,021	84	144,105	-	144,105	140,071	-	140,071
Keller, Jerry - VP	144,021	84	144,105	-	144,105	140,071	-	140,071
Uzelman, Glennys - VP	144,021	84	144,105	-	144,105	140,071	-	140,071
Total	\$ 918,415	\$ 504	\$ 918,919	\$ -	\$918,919	\$ 898,749	\$ -	\$ 898,749

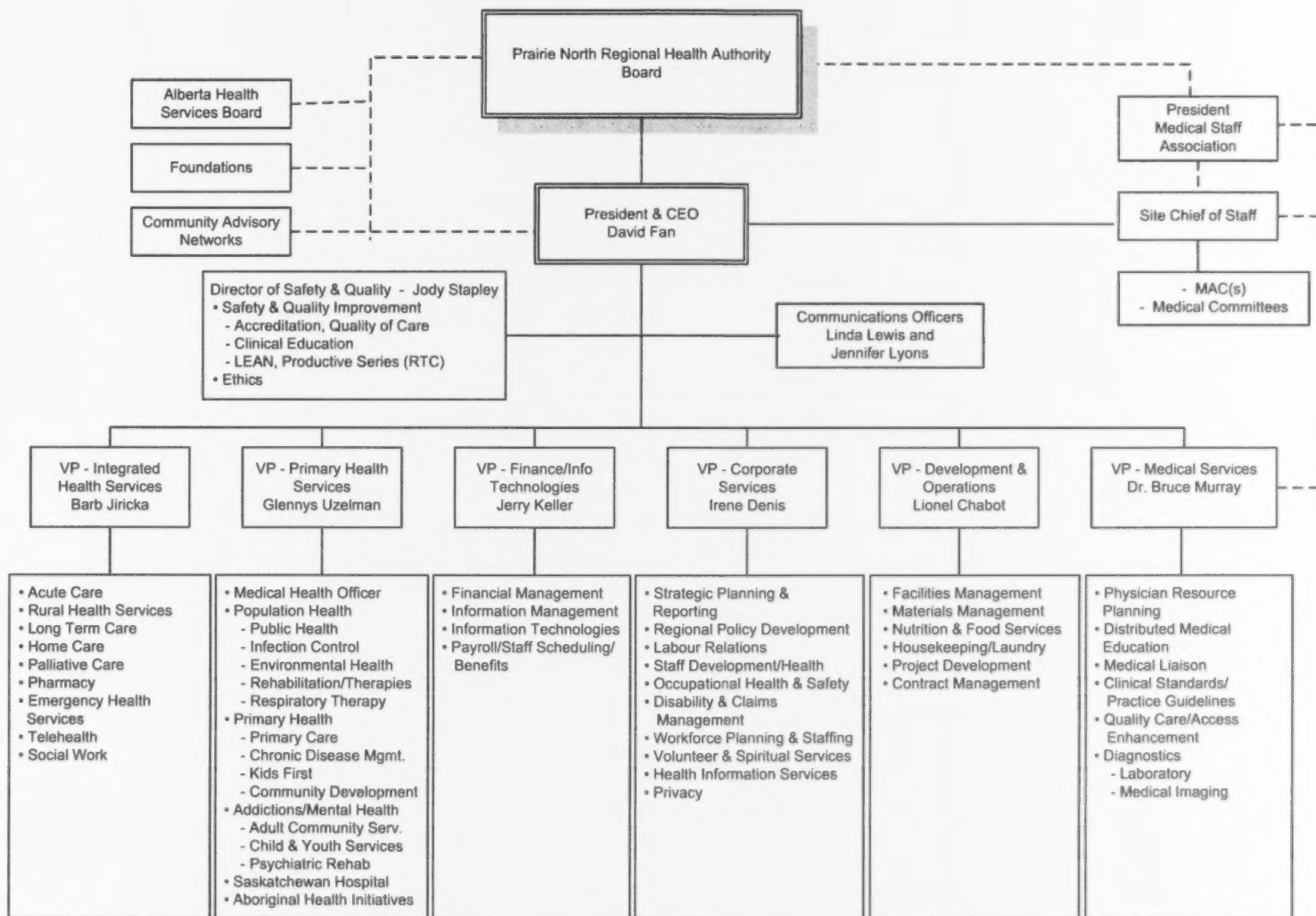
(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc., as well as any other taxable benefits.

Prairie North Regional Health Authority Organizational Structure

March 31, 2011

Appendix A - PNRA Organizational Chart



Appendix B - Payee Disclosure List

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY PAYEE DISCLOSURE LIST For the Year Ended March 31, 2011

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more.

Acaster, Dianne	113,418	Bannister, Elizabeth	76,367
Adie, Anne	66,804	Barclay, Grant	64,303
Akre, Kim	92,818	Barnett, Isabelle	90,988
Akre, Lorrie	101,032	Barr, Idella	87,136
Albers, Denise	51,236	Bartkewich, Catherine	82,196
Albert, Lori	79,349	Bartko, Teanna	50,658
Allan, James	64,220	Basilio, Catherine	103,363
Almond, Deanne	84,901	Bauer, Matthew	61,630
Almond, Rosemary	85,464	Bauer, Robert	91,388
Amusat, Ismaila	93,266	Bauming, Holly	138,214
Anderson Callbec, Trina	97,138	Baynham, Carrie	82,287
Anderson, Lorilynn	67,344	Baynham, Jacquelin	99,310
Arcand, Christine	51,729	Beach, Kathy	69,855
Arlett, Gloria	54,290	Beaubien, Janet	65,431
Arneson, Lillian	55,821	Beaudry, Valerie	59,039
Arnold, Shelley	83,994	Beckman, Barbara	99,858
Auriat, Odette	122,280	Bedford, Shirley	86,524
Austin, Audra	107,630	Beisel, Shanna	55,558
Aznar, Chariss	90,079	Belser, Brenda	77,549
Azupardo, Keyleen	128,322	Bell, Nancy	60,454
Bacchetto, Theresa	70,773	Bencharski, Karen	65,485
Bailey, Anita	51,923	Bendall, Lucy	91,488
Bailey, Kathryn	92,326	Bentley, Regina	129,189
Bailey, Todd	108,090	Berg, Samantha	57,386
Baldinus, Debra	88,113	Bergermann, Jennifer	54,662
Balian, Maureen	64,260	Bergmann, Catherine	53,638
Balysky, Arnold	51,279	Bernier, Marie	79,762
Bandola, James	63,377	Berthelette, Charlotte	54,206
Banks, Shannon	64,797	Best, Peggy	96,002
Banks, Shelly	69,220	Betemps, Leona	55,411
Bannerman, Annette	58,249	Bielecki, Joanne	90,095
Bannerman, Charlene	75,777	Bilanski, Lisa	86,899
		Birkett, Bryan	69,474
		Bishop, Marla	88,351
		Blain, Marion	72,518
		Blais, Elaine	86,234
		Blais, Louise	80,790
		Blais, Valerie	58,726
		Blakely, Elizabeth	64,431

Personal Services (continued)

Bland, Erin	57,001
Blandin, Ashley	86,617
Bloch Hanson, Kathryn	85,084
Blocha, Doreen	60,818
Bloom, Bethany	59,487
Blouin, Rhonda	63,825
Blyth, Michelle	63,644
Bodnar, Cynthia	234,138
Boehm, Kristina	77,953
Boettcher, Judy	51,105
Bogdan, Kevin	95,927
Bogdan, Melanie	90,836
Bojarski, Shirley	66,734
Bonifacio, Felisa	51,264
Booth, Beverly	108,531
Booth, Stephen	99,582
Bornhorst, Carisa	74,458
Borowsky, Gail	101,149
Boskill, Sharon	119,931
Boulton, Noreen	89,124
Bourassa, Candace	61,151
Bouvier, Erin	57,056
Bouvier, Linda	97,145
Bowman, Jodi	62,193
Boyer, Claudette	69,244
Braaten, Cathy	62,833
Brander, Nicole	52,854
Brausse, Connie	63,075
Brick, Dean	99,556
Brick, Lorette	51,115
Briggs, Christine	68,678
Brochu, Marie	51,353
Brodbin, Helene	77,665
Brooks, Claudette	50,839
Brow, Robert	76,221
Browarny, Tonya	57,918
Brown, Betsy	64,949
Brown, Candace	64,176
Brown, Christine	78,649
Brown, Robert	108,516
Brucks, Susan	83,498
Brun, Wanda	55,990
Buan Salazar, Nichole	99,378
Buchynski, Kenneth	103,314
Buck, Gloria	63,277
Bugler, Brenda	58,651
Buhay, Maria	63,975
Buhler, Jenna	79,484
Bullock, Karen	80,738
Bullock, Lloyd	101,225
Bunnell, Diane	90,297

Burnouf, Jeannine	91,633
Burrell, Jonathan	52,713
Burroughs, Penny	87,570
Burrows, Kimberly	53,888
Buziak, Diane	57,039
Byl, Kathy	77,254
Cadrin, Lois	61,208
Cain Buglas, Jacalyn	81,646
Camgoz, Lynn	60,904
Campbell, Lindsay	72,431
Canfield, Robyn	76,998
Cann, Terry	87,336
Cappelle, Trina	63,989
Carey, Deb	116,930
Carey, Lorelie	86,571
Carlton, Taralie	64,087
Caron, Michael	95,027
Carter, Kerrilee	50,767
Cavanagh, Dianne	79,962
Cavanagh, Nicole	63,687
Chabot, Lionel	144,021
Chambers, Jennifer	59,465
Chambers, Margaret	92,617
Charabin, Brenda	85,059
Charpentier, Aline	90,960
Chartier, Timothy	68,884
Chaykowski, Brenda	89,665
Cheesbrough, Cassandra	76,090
Chermcara, Gail	55,404
Cherwinski, Melissa	59,196
Choe, Yoon Jung	66,608
Chomicki, Doreen	82,984
Chow, Ada	62,026
Christianson, Christine	72,819
Christianson, Cindy	50,913
Chrunik, Wendy	83,239
Chua, Lamberto	66,026
Chubb, Patricia	111,332
Chuiko, Paula	57,931
Clancy, Catherine	63,175
Clark, Margaret	66,013
Clark, Marlene	55,292
Clarke, Darlene	86,926
Cloarec, Rachelle	68,005
Coleman, Glenys	108,559
Collinge, Dianne	83,594
Collins, Karen	81,336
Collins, Shari	67,937
Comrie, Connie	50,258
Conacher, Ashley	66,201
Conacher, Laurie	71,020
Conacher, Michaela	60,544
Cook, Danelle	80,228

Personal Services (continued)

Cook, Robert	99,106	Donald, Janet	71,533
Cooke, Heather	64,269	Donald, Lori	53,233
Cooling, Janisa	55,452	Doom, Debra	101,614
Cooney, Carol	54,959	Doshen Gervais, Lisa	66,856
Corbeil, Alan	67,579	Douville, Lorraine	62,422
Cornista, Teeny	93,103	Duchscherer, Wayne	61,890
Corpe, Cathy	68,284	Duddridge, Shawn	90,019
Corrigal, Twyla	59,976	Duhaime, Tanya	66,414
Cortus, Debby	89,688	Dumouchel, Kathryn	90,219
Cote, Verna	53,206	Duncan, Diana	53,974
Craig, Irene	84,556	Duncan, Elizabeth	52,612
Craig, Margaret	55,943	Dupuis, Darlene	108,264
Crickard, Karen	75,316	Dupuis, Lori	52,167
Crone, Eileen	91,927	Dustow, Verlyne	107,660
Cross, Katherine	64,284	Dyck, Carol	114,554
Crossman, Doris	64,430	Ebach, Chris	64,789
Crush, Noreen	54,250	Eberle, Cindy	121,585
Cubbon, Karen	51,450	Edgar Cozine, Shelly	119,558
Cuff, Shirley	54,701	Edwards, Timothy	67,772
Cunanan, Abigail	94,251	Eliasson, Fred	73,499
Custer, Cory	76,452	Elliot Rumpf, Karen	76,721
Daer, Tracey	72,205	Engelke, Carmel	109,256
Dahl, Glenda	64,735	Engelke, Johann	79,341
Danderfer, Arleen	54,698	English, Darlene	106,102
Darbellay, Lorraine	56,291	English, Roderick	100,190
David, Maria Ann	102,324	Ens, Jennifer	68,444
Davidson, Cheryl	53,894	Epp, Priscilla	91,752
Davidson, Jody	104,746	Erickson, Faye	88,106
Davidson, Theresa	66,607	Ernst, Bernadett	91,040
Davis, Dale	74,932	Etcheverry, Chris	102,065
Davis, Jane	65,082	Etcheverry, Geoff	69,890
Day, Joyce	53,513	Etcheverry, Lionel	92,624
Day, Kelly	99,086	Etcheverry, Lisa	94,797
De Bruin, Shannon	64,764	Etue, Christine	64,799
Dearborn, Anna	61,472	Ewanchuk, Eunice	53,955
Decelle, Kathy	65,235	Ewanchuk, Lindsay	57,774
Degenstein, Amanda	93,446	Fafard, Sandra	52,255
Degenstien, Erin	80,353	Fan, Colleen	63,150
Del Frari, Phyllis	53,875	Fan, David	198,310
Deline, James	50,425	Farrell, Barbara	86,212
Deneschuk, Judith	85,961	Feist, Carla	60,497
Denis, Irene	144,021	Felipe, Liberty	101,097
Derkatz, Rhonda	81,992	Felix, Richard	61,085
Derkatz, Trevor	124,997	Fennig, Jennifer	66,430
Desjarlais, Michelle	74,270	Ferbey, Kelly	86,759
Deutscher, Carol	82,378	Ferderer, Joy Lyn	52,202
Dickie, Diane	54,839	Ferguson, Sandra	67,265
Dieser, Genien	54,187	Ferland, Armande	83,607
Dimmick, Tammy	99,556	Fernandez, Jean	108,360
Dodsworth, Dawn	85,398	Ferron, Shelley	55,427
Donald, Brenda	60,107	Fillion, Janice	70,010
		Fluney, Doris	59,859
		Forbes, Gary	57,967

Personal Services (continued)

Forbes, Shelley	84,985
Forester, Barbara	91,251
Fortin, Denise	59,296
Foster, Wendy	61,724
Fowler, Penni	61,872
Francais, Garrett	92,237
Franklin, Lindsey	71,243
Fransoo, Colais	100,373
Fransoo, Paul	61,473
Frey, Geoff	69,039
Frey, Jared	53,426
Friedrich, Andy	87,741
Friesen, Karen	66,792
Frolek, Patricia	86,331
Fung, Teresa	89,478
Gabruch, Colleen	75,445
Gallano, Florinda	69,310
Gerbig, Karen	101,283
Gerbrandt, Gloria	104,425
Gerlinsky, Lisa	101,297
Gervais, Donnell	99,331
Getzinger, Amy	73,880
Gieni, Kathleen	68,667
Gilby, Jody	59,709
Gill, Chris	57,136
Gill, Harpreet	60,232
Gill, Rosanne	68,166
Gillego, Abigail	92,318
Gillen, Toby	96,483
Gillespie, Laurie	69,089
Gislason, Kristinn	75,528
Gledhill, Louise	63,222
Glowa, Lorne	113,255
Glowa, Shirley	62,330
Golding, Jillian	68,170
Gorbenko, Russel	67,473
Gosling, Kerri	84,182
Gossen, Karen	102,080
Graf, Jan	50,022
Graham, Shiela	65,371
Grant, Sandra	93,604
Grasby, Michele	84,540
Graupe, Lori	101,375
Gravelle Allenby, Angela	97,216
Graves, Rita	99,846
Graw, Esther	63,854
Greedharry, Prema	64,652
Green, Joan	53,866
Greenfield, Robert	68,636
Greenwald, Kelly	84,078
Greenwood, Beverly	86,234

Gregg, Joanne	66,718
Gregoire, Gillian	105,548
Grela, Joseph	74,932
Greschner, Nadyne	94,007
Griffin, Lorraine	54,359
Grigo, Sandra	71,809
Grychowski White, Lorraine	109,575
Gubbe, Debra	79,900
Gubbe, Greg	89,949
Gubbe, Louis	78,143
Gubbe, Spencer	97,387
Gumtang, May Julie	50,755
Gunderson, Alison	89,879
Gustafsson, Laurie	78,596
Gusztak, Lewko	307,667
Hadland, Brenda	103,502
Haftner, Debra	57,593
Hagerty, Tammy	63,945
Haggard, Alison	105,771
Hainsworth, Lindsay	79,069
Hall, Jeanette	95,479
Hamel, Denise	58,419
Hames, Shelly	70,708
Hamilton, Charlotte	93,985
Hamilton, Sherry	71,261
Hanna Woodworth, Jennifer	95,254
Hanna, Christine	63,272
Hanna, Melissa	69,423
Hanna, Pamela	76,252
Hannah Paulhus, Joyce	70,827
Harbus, Debbie	100,843
Harder, Audrey	73,276
Harlingten, Leora	81,884
Harms, Shannon	86,649
Harper, Howard	58,732
Harper, Rose	70,577
Harrison, Garth	59,213
Harrison, Jennifer	67,599
Harrison, Shelly	65,668
Harrower, Ashley	69,898
Harvey, Patricia	59,585
Harvey, Tricia	85,238
Harwood, Linda	51,712
Hauck, Sara	72,302
Haughian, Terrie	102,297
Hayward, Cindy	60,332
Heck, Kim	51,899
Heidel, Kellie	92,242
Heidel, Michelle	94,095
Heintz, Shannon	75,536
Heintz, Wendy	72,222
Helmeczi, Amanda	66,948
Hepp, Raquel	52,893

Personal Services (continued)

Hertes, Susan	58,368	Iverson, Darryl	67,043
Hetu, Deborah	85,890	Iwanchuk, Debbie	86,366
Hiebert, Katie	72,099	Jabagun, Adetoun	95,898
Hill, Elizabeth	63,226	Jabagun, Johnson	62,153
Hill, Karen	53,891	Jack, Shirley	64,228
Hillaby, Vanessa	72,800	Jackson, Sharon	100,752
Hilsendager, Brent	65,607	Jaindl, Sharon	67,307
Hilsendager, Rose	61,295	Jamieson, Claudette	133,636
Hines, Tyler	87,226	Jamieson, Jennifer	72,206
Hodgins, Jodie	74,988	Jeffrey, Evangelin	96,986
Hoganson, Mardelle	97,123	Jeffrey, Miles	83,672
Hoglander, Lorna	79,060	Jeske, Angela	61,132
Holba, Barb	96,990	Jesse, Lorriann	94,566
Horn, Janice	92,255	Jiricka, Barbara	144,021
Horpestad, Beverlie	64,968	Jiricka, Brilyn	90,465
Horrex, Susan	101,558	Johnson, Barbara	60,914
Horsman, Shelly	101,292	Johnson, Brook	61,612
Horvath, Marcie	93,537	Johnson, Jenelle	54,416
Horvath, Mitchell	66,773	Johnson, Lavona	53,494
Hotel, Robert	66,856	Jones, Gloria	97,962
Houk, Valerie	54,441	Jones, Judy	64,802
How, Cindy	89,912	Jones, Lori	53,461
How, Ernie	86,234	Jonsson, Brian	93,359
Howard, Evelyn	50,158	Jorgenson, Patsy	61,218
Howdle, Amanda	123,450	Juarez, Michael	75,723
Hritzuk, Celine	87,370	Jurke, Stacy	61,077
Hryn, Donna	74,455	Jury, Kendall	69,393
Hryniuk, Carol	101,589	Kaltenborn, Vicki	88,620
Huard, Patricia	68,101	Kalyn, Rhonda	58,976
Huber, Debora	95,693	Kalynchuk, Valarie	60,449
Huebert, Kristin	125,606	Kanz, Bobbi	65,226
Hughes, Kelly	101,028	Kaplar, Gwendolyn	92,956
Hume, Louise	71,652	Kardynal, Dione	60,473
Humenny, Therese	51,850	Karp, Deena	58,073
Huot, Kristin	81,338	Kearnan, Nancy	53,113
Hupaelo, Jody	58,367	Keating, Margaret	84,492
Hurlburt, Alexandri	51,077	Keller, Brandi	56,778
Hurley, Jay	91,089	Keller, Jerry	144,021
Huxley, Denise	96,424	Keller, Vickie	71,865
Hydukewich, Judith	51,869	Kerr, Marilyn	73,463
Igini Close, Marie	73,013	Kim, Jum Sook	50,094
Illingworth, Cherie	75,668	Kinchen, Tina	89,140
Illingworth, Connie	101,225	Kingwell, Darlene	67,325
Illingworth, Lezlie	73,143	Kipp, Renee	64,712
Ingram, Marlene	59,893	Kirkland, Marianne	69,914
Ip Fung Chun, Roger	122,915	Kirton, Bobbi Lyn	66,210
Iron, Shelly	57,795	Klassen, Marlon	83,374
Istvan, Elizabeth	68,134	Klippenstein, Allan	56,971
Iturralde, Cecille	107,576	Knutson, Theresa	89,996
Iturralde, Lailani	119,417	Kobes, Ashley	51,215
Iverson, Darlene	51,821	Koch, Gail	80,341
		Koch, Lori	118,522
		Kolosnjaji, Aleks	70,691

Personal Services (continued)

Konlan, Binamin	74,849	Lepage, Charley	83,588
Koroll, Georgette	55,137	Lessner, Dwayne	95,265
Koroluk, Richard	86,234	Letwenuk, Patricia	54,404
Kotun, Laurie	86,432	Letwinetz, Bonnie	67,841
Kozinski, Judy	55,017	Lewis, Linda	74,797
Kozlowski, Koreen	97,409	Lindquist, Murray	116,344
Kramer, Barbara	67,359	Lindquist, Randy	119,317
Kramer, Carrie	57,692	Lisko, Tamara	79,772
Kramer, David	64,439	Lloyd, Trevor	59,283
Kramer, Kaeley	62,438	Loch, Sharlene	73,180
Krause, Joan	53,849	Lockhart, Becky	88,788
Krepps, Denice	80,656	Lockhart, Joyce	96,598
Krushelnitzky, Krista	72,318	Loehndorf, Jenna	69,676
Kube, Donna	54,015	Loewen, Heather	83,187
Kulak, Terrilynn	50,653	Logue, William	63,406
Kuntz, Coralie	60,926	Loney, Shirley	126,682
Kunz Jurke, Mariel	55,057	Looshorn, Jennifer	97,396
Kurc, Dorota	94,794	Lorenz, Sharon	69,601
Kuziak, Joan	58,125	Loveday, Marsha	95,446
Kzyzyk, Diane	62,505	Lubchynski, Savannah	75,727
Labrash, Tammy	56,080	Lubianesky, Amanda	53,592
Lafond, Allison	75,957	Lupul, Christine	51,815
Lafoy, Rosaleen	52,919	Lychak, Tremayne	70,248
Lafreniere, Pamela	102,821	Lynch, Wayne	50,206
Laing, Alison	68,211	Lynds, Dalmar	103,307
Laliberte, Tanya	66,972	Lyon, Kelly	94,408
Lalonde, Florence	69,589	Lyonnais, Michelle	64,068
Lamb, Linda	124,580	Macdonald, Joan	88,456
Lamoureux, Peggy	196,116	Macdonald, Rosemarie	67,926
Landreth, Janet	90,098	Mackenzie, Shannon	75,449
Landrie, Cynthia	105,060	Mackenzie, Tamara	80,149
Laplante, Christina	63,483	Mackinnon, Andrea	81,947
Larsen, Judy	53,070	Mackinnon, David	98,131
Larson, Crystal	58,098	Mackrell, Carol	119,738
Larson, Melinda	58,297	Macleod, Roy	99,309
Larsson, Kimberley	55,076	Maclure Eastman, Martha	65,002
Latus, Bruce	53,633	Macnab, Brenda	57,975
Lauritzen, Dianne	65,003	Macnab, Ralph	88,257
Laventure, Carolyn	54,719	Macnab, Shelly	58,955
Lavoie, Gail	77,892	Madsen, Dorothy	86,892
Lay, Julia	60,359	Malach, Matt	85,103
Lea Wilson, Angie	78,524	Malekoff, Debra	66,132
Lee, Kathy	64,059	Mamer, Susan	87,921
Leedahl, Heather	62,061	Mamer, Theresa	56,436
Leepart, Jennifer	71,650	Manegre, Nicole	84,205
Legere, Jeremie	60,922	Manegre, Sherri	100,824
Leibel, Lillian	52,128	Mangona, Catrina	93,903
Leitner, Jean	90,731	Mann, Devin	83,622
Leniuk, Janine	92,052	Mannen, Lizamarie	92,985
Lennox, Alayne	52,361	Marchadour, Donna	64,070
Lenton, Jennifer	87,132	Marciniuk, Sherry	60,294
		Martin, Elaine	54,054
		Martinson, Karen	87,444

Personal Services (continued)

Mason, Betty	94,032	Million, Diane	82,489
Matechuk, Joan	92,099	Mills, Patricia	60,179
Mayer, Jody	92,844	Misener, Patricia	78,058
Mccallum, Georgette	72,848	Mitchell, Cheryl	86,234
Mccaslin, Howard	78,713	Mitchell, Janet	62,500
Mccord, Chad	67,350	Moir, Barbara	77,654
Mccord, Katja	53,246	Mondez, Margaret	84,531
Mcdonald, Melanie	63,547	Moore, Dennis	98,507
Mcdougall, Ashley	76,457	Moore, Leona	91,463
Mcgillis, Barbara	71,976	Moore, Linda	160,090
Mcgowan, Dawn	97,261	Morin, Roxanne	107,926
Mchattie, Jane	84,573	Mulhall, Brad	63,403
Mcintyre, Darcy	86,218	Munn, Heather	64,965
Mckay, Shirley	58,747	Munroe, Frank	67,741
Mckee, Lauren	62,890	Munt, Sharlene	67,250
Mckee, Roberta	57,785	Muranetz, Patricia	53,251
Mckeen, Michael	58,416	Murphy, Debbie	66,032
Mckenzie, Rema	65,176	Murphy, Irene	61,354
Mcknight, James	59,264	Murray, Bruce	293,449
Mcleod, Mary	86,864	Mushka, Linda	64,704
Mcmaster, Teresa	65,028	Mutter, Lorraine	56,919
Mcmillan, Dorothy	91,686	Muzyka, Sherrill	63,037
Mcmillan, Murray	70,425	Myszczyszyn, Debbie	74,978
Mcmillan, Teresa	106,448	Nachtegaele, Glenn	65,349
Mcmurphy, Melissa	104,742	Nachtegaele, Lori	55,730
Mcnabb, Adam	70,696	Nachuk, Sara	68,555
Mcneil, Dana	60,471	Nagy, Sylvia	99,582
Mcneil, Shawna	78,570	Nairn, Krista	52,566
Mcouat, Ina	75,668	Nash, Faith	70,259
Mcouat, Wayne	53,852	Navarro, Lori	88,863
Mcrae, Joan	69,484	Nelson, Donna	90,116
Mcrae, Kenneth	89,201	Neuls, Kimberley	69,470
Mcwatters, Patricia	100,148	Nielsen, Tracie	90,891
Meagher, Lisa	62,815	Nixon, Rhonda	59,667
Meagher, Teal Rae	53,518	Nolin, Gary	104,848
Mee, Brad	67,418	Nuanta, Tiwawan	98,021
Meena, Sharon	99,360	Nwebube, Nwando	77,584
Meier, Jarvis	76,802	Nyholt, Donna	56,516
Meier, Terry	74,731	Nyholt, Pamela	84,749
Meikle, Mary Lynn	60,358	Nystrom, Dawn	106,032
Meister, Reinhold	81,553	O Grady, Glenda	52,390
Melchior, Jacquelin	101,600	Oborowsky, Earl	108,421
Melenchuk, Dalton	71,762	Oborowsky, Lynette	84,427
Melling, Lynne	103,885	Oborowsky, Michele	59,154
Menzel, Colleen	66,059	Oborowsky, Robyn	66,616
Michaud, Blair	69,580	Obrien, Shea	79,419
Michaud, Jeanne	83,605	Oddan, Irene	95,622
Michaud, Therese	100,377	Ogbonna, Chinedu	76,260
Miller Marinier, Terrylynn	80,844	Oliver, Diane	55,479
Miller, Alden	58,264	Oliver, Lisa	123,831
Miller, Jennifer	67,106	Oliver, Lynda	92,582
		Olivier, Sandra	63,648
		Ollen, Joan	73,680

Personal Services (continued)

Olsen, Daniella	67,303
Olsen, M Joanne	105,911
Olson, Donna	94,677
Olson, Patrick	52,279
Omelchenko, Kim	132,524
Oquinn, Jeanne	126,721
Orense, Sam (Mari	101,346
Orriss, Cliff	86,234
Oslie, Frances	55,039
Oster, Adrienne	70,492
Oster, Louise	54,250
Ouellette, Keith	110,496
Ovens, Lucie	75,196
Palidwor, Marion	88,779
Palmer, Janet	80,539
Panapasa, Lusia	100,918
Panton, David	64,506
Parker, Scott	86,875
Parkinson, Glenda	91,167
Pashniak, Sandra	57,788
Pastrana, Sherwin	63,975
Pauls, June	59,572
Pawliw, Brittni	75,436
Paylor, Lindsay	92,140
Payne, Angie	78,115
Pecua, Mary	89,828
Perkins, Jennifer	77,065
Perrin, Colleen	55,730
Peterson, Deborah	55,034
Peterson, Janet	94,458
Pethick, Brenda	87,209
Petovello, Jennifer	94,920
Petovello, Sandra	50,475
Petruk, Lue	66,603
Petruk, Paula	78,241
Petryshyn, Brenda	62,759
Phipps, Carol	94,415
Phommavong, Dur	93,775
Piatt, Roger	72,300
Pidkowa, Barbara	109,247
Pidwerbeski, Janice	74,028
Pierce Argue, Glenda	74,580
Pilat, Mandy	94,048
Piper, Diane	99,582
Pitman Fisher, Patricia	106,266
Poitrass, Barbara	57,720
Politeski, Linda	81,039
Pollock, Stephen	70,118
Potter, Murray	56,046
Pouliot, Monique	55,406
Poulsen, Nancy	89,026

Prescesky, Crystal	67,681
Prescesky, Jan	85,695
Preston, Colleen	105,040
Preston, Justine	82,079
Primeau, Gayla	63,089
Proctor, Leanne	89,104
Proznick Fransoo, Vanessa	63,240
Prystupa, Edna	68,567
Prystupa, Richard	57,882
Prystupa, Tracey	135,516
Ptolemy, Joyce	68,996
Pudlowski, Kent	89,041
Puech, Erin	56,492
Puech, Monique	88,504
Puff, Betty	51,869
Pyle, Nathan	72,174
Rackel, Mary	88,015
Rahm, Greg	57,876
Rahm, Melanie	65,566
Raiche Bogdan, Karen	90,074
Raiche, Chasity	84,352
Ramshaw, Merle	86,271
Rathke Kubik, Candace	58,075
Raw, Julie	75,423
Rawlyk, John	72,459
Regis, Velma	97,667
Reid, Yvonne	64,271
Reimer, Bruce	142,169
Reinhart, Cathy	95,056
Reis, Angelina	55,626
Remezoff, Whitney	55,405
Renaud, Helen	69,781
Reschke Mckay, Ruth	64,210
Rewerts, Marsha	72,206
Rhinehart, Leanna	53,818
Rhinehart, Marcia	74,629
Ribey, Coleen	76,939
Rideout, Rikki	90,545
Rindero, Gaylene	63,754
Rindero, Lynzie	98,909
Risling, Cora	59,702
Rittinger, Jenna	75,719
Roach, Joyce	83,152
Robb, Kerri	56,527
Robertson, Craig	57,584
Robertson, Eileen	67,138
Robertson, Lindsay	68,140
Robinson, Alice	86,234
Robinson, Shelley	90,348
Roenspies, Melissa	56,788
Rogers, Ann	61,830
Rogers, Corrinne	81,166
Rogers, Helen	53,006

Personal Services (continued)

Rohovich, Carol	86,146	Seabrook, Marvin	56,309
Rokosh, Chantal	91,973	Seabrook, Stacey	55,362
Rondeau, Monique	86,769	Seewalt, Evelyne	67,822
Rono, Summer	96,557	Senger, Heather	67,063
Roschker, Allison	63,514	Seru, Mereamo	127,041
Rose, Stacy	65,576	Servold, Brenda	95,463
Ross, Debra	64,735	Sesay, Mariatu	95,182
Ross, Genevieve	64,662	Seymour, Judith	59,862
Roszlein, Diane	134,932	Shynkaruk, Linda	109,837
Roth, Joanna	61,761	Sieben, Dianne	82,623
Roth, Louise	51,369	Sieben, Tracy	105,419
Rothenburger, Evelyn	51,087	Siklenka, Brenda	63,620
Roussel, Aimee	51,484	Simmons, Brenda	60,761
Roussel, Debbie	81,574	Simmons, Kirsten	65,258
Rowland, Mary	71,332	Simmons, Roy	55,201
Rowswell, Jamie	52,024	Simon, Curtis	101,539
Roy, Melodie	99,330	Simon, Doreen	90,400
Rubidge, Glen	70,457	Simon, Karen	95,273
Rudrick, Jana	80,967	Simons, Karen	66,421
Runge, Adria	51,247	Simser, Kandice	50,318
Rungis, Katrina	67,512	Sinclair, Dean	71,655
Rutherford, Joyce	90,472	Slager, Tammy	71,240
Rutley, Jodi	72,573	Sletten, Kristy	59,699
Ruud, Jessica	60,922	Smart, Betty Ann	50,025
Sachdeva, Neeti	63,244	Smart, Theresa	54,271
Sack, Gail	66,027	Smith Jonsson, Lori	63,332
Sack, Linda	108,205	Smith, Brooke	54,543
Sack, Valerie	54,917	Smith, Laura	51,211
Saemann, Kelli	61,958	Smith, Laurie	58,807
Samson, Marilen	175,532	Smolinski, Lucinda	59,700
Sankey, Sharon	131,103	Snakeskin, Leona	57,383
Santos, Maryrose	115,999	Sonmor, Elaine	56,165
Sargent, Tim	59,032	Sonnega, Lois	109,837
Savoie, Dallas	102,517	Spencer, Coralee	108,541
Sawatzky, Yvonne	58,496	Spencer, David	87,602
Sayers, Chad	90,781	Spencer, Donna	57,983
Schell, Melissa	54,666	Spencer, Valarie	63,046
Schlapkohl, Wayne	102,399	Spielman, Lea	51,869
Schleibinger, Rhonda	67,520	Squair, Laura	89,764
Schlekewy, Georgia	65,841	Staff, Larry	84,268
Schlenker, Tammy	63,886	Stafford, Bonnie	94,407
Schmidt, Denise	58,287	Startup, Ken	72,472
Schneider, Lucille	66,492	Steier, Kimberly	57,379
Schoeman, Jana	63,121	Steiert, Audrey	95,504
Schommer, Donna	71,843	Stein, Eleanor	69,982
Schussler, Kevin	57,304	Steinacher, Roxanne	56,526
Schwab, Chelsey	56,699	Steinborn, Laura	101,707
Schwartz, Gina	52,730	Stevens, Danica	63,512
Schweder, Laurie	99,804	Stieb, Morgan	58,321
Scott Olsen, Randa	99,624	Stoebich, Haley	65,919
Seabrook, Carlie	63,862	Stoebich, Irene	96,279
		Stolte, David	85,091
		Stone, Nadine	71,555

Personal Services (continued)

Strain, Rachel	83,880
Strueby, Gail	85,539
Styre, Sheila	67,325
Suberlak, Rhonda	117,024
Sutherland, Charene	64,648
Sutherland, Debra	58,367
Sutton, Richard	112,214
Svandrik, Joleen	51,476
Swatschina, Kara	78,426
Swerid, Cora	64,742
Sylvestre, Neal	112,733
Tait, Christine	64,977
Tan, Christian	84,406
Tarasoff, Lorna	56,948
Tatchell, Maureen	89,703
Taves, Kristi	79,578
Taylor, Leanne	63,626
Tayo, Alden	123,178
Tebay, Roberta	130,709
Ternes, Ronald	131,406
Thiele, Chris	102,478
Thomas, Patricia	100,596
Thorpe, Sheri	64,034
Timoner, Marietta	79,590
Toews, Celeste	102,226
Tollefson, Judy	101,293
Tomiyama, Ethel	90,680
Tourand, Mathew	60,565
Toye, Colleen	99,582
Toye, Dayna	79,443
Tran, Sam	69,356
Treptow, Linda	50,009
Trew, Lorraine	79,615
Trotchie, Wendy	65,451
Tuiloma, Adi	116,096
Turcotte, Brenda	90,858
Turnbull, Brian	80,487
Uhrich, Dennis	58,196
Utke, Meagan	57,234
Uzelman, Glennys	144,021
Van Der Merwe, Lynette	129,979
Van Nortwick, Linda	86,234
Van Stone, Mike	67,621
Vany, Angele	61,840
Vany, Germaine	51,405
Vany, Yvonne	90,019
Veikle, Anita	66,319
Veikle, Joan	59,216
Veikle, Linda	84,234
Vetter, Charla	52,893
Vick, Bonnie	87,729

Victor, Ashley	95,573
Vogel, Margaret	66,981
Wagar, Marie	76,214
Wald, Melanie	74,011
Walde, Janis	55,273
Walker, Joyce	90,874
Wall, Elaine	109,875
Wall, Tonia	62,479
Wallace, Lucy	100,804
Walls, James	86,405
Walz, Kristin	91,045
Warren, Chris	68,415
Warren, Rochelle	65,020
Warrington, Natalie	105,621
Wasson, Lorraine	89,301
Watson, Catherine	90,739
Watson, Donna	119,062
Watt, Anne	132,260
Watt, Kelly	86,018
Watt, William	62,761
Wawrykowsch, Tim	57,374
Weber, Bonnie	81,660
Weber, Daneen	66,066
Weber, Lori	99,083
Weikle, Mireille	96,742
Weinkauff, Laurie	59,287
Weir, Kristina	50,974
Weitzel, Melissa	85,776
Weninger, Leah	52,492
Wentworth, Joan	63,720
Weran, Karen	71,237
Weum, Tessa	64,211
Whelan, Andrea	64,629
White, Ashley	64,221
White, Terry	69,669
White, Tracey	80,376
Whittle, Kevin	98,954
Whitton, Charlotte	61,486
Whyte, Claudette	73,518
Whyte, Sheila	89,788
Wiesner, Tiffani	60,271
Wild, Denise	50,003
Wilford, Loucinda	91,272
Wilkes, Michelle	91,235
Wilkie, Fred	67,325
Williams, Janice	71,406
Williamson, Donna	95,249
Williamson, Tanya	57,793
Wilson, Megan	56,929
Winterhalt, Blaine	88,470
Wladychka, Robert	75,080
Wolfe, Anita	91,213
Woloski, Roy	70,204

Personal Services (continued)

Wood, Candace	52,505
Woodworth, Kent	66,248
Woodworth, Tara	64,452
Woytiuk, Andrew	64,493
Woytowich, Ben	57,627
Wright, Christine	65,467
Wright, Joslyn	60,481
Wright, Melissa	54,241
Wuttunee, Alice	74,912
Wyatt, Shirley	54,894
Wychopen, Janice	90,366
Yates, Donald	90,894
Yelland, Bernadett	88,342
Yonan, Jesay	55,504
Yonan, Monica	92,184
Younghans, Marilyn	59,836
Yuen, Wai	108,516
Yuhasz, Juanita	60,059
Zacharias, Leila	67,760
Zeleny, Tracy	127,050
Zeller, Dorothy	50,022
Zepp, Dorothy	60,178
Zimmer, Joan	111,668
Zinger, Ronda	81,890
Znack, Kelsey	68,491
Zou, Hongyu	68,117
Zwarych, Joan	60,594

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd	189,376
Alberta Blue Cross	126,213
Alberta Union of Public Employees	54,980
Alcon Canada Inc	662,947
Aodbt Architecture Interior	386,352
Arjohuntleigh	565,314
B & D Meats	87,982
Bard Canada Inc	127,382
Battleford & District Cooperative	50,899
Battleford Physiotherapy	79,478
Baxter Corporation	97,229
Beckman Coulter Canada Inc	205,669

Bee-J's Stationers Inc	127,560
Bexson Construction	327,421
Biomed Recovery and Disposal	95,627
Biomerieux Canada Inc	176,961
Bomimed Inc	128,785
BTC Health	57,666
Buckwold Western Ltd.	92,214
Bunzlcanada Ltd	230,561
Can Med Healthcare	139,133
Canadian Corps Of Commissionaires	179,075
Canadian Union of Public Employees	1,320,039
Local 5111	
Cannon Design Architecture Inc.	139,166
Cardinal Health Can	312,656
Carestream Health Canada Company	311,775
Cawood Demmans Baldwin Friedman	125,579
Chef Redi-Meats Inc	114,370
Cherry Insurance	161,897
Christie Group Ltd	58,219
City Of Lloydminster	109,621
City Of North Battleford	357,095
Coca-Cola Bottling Ltd (Win)	53,435
Compugen Inc	63,668
Cpdn/Rcdp	716,153
Crestline	100,520
Danrich Environmental Controls	699,295
DHL Express (Canada) Ltd	58,817
Drager Medical Inc (Can)	79,798
Dynalife Dx	582,642
Eecol Electric (Lloyd)	70,274
Eecol Electric (North Battleford) Ltd	123,277
Ehealth Saskatchewan	335,302
Enterprise Resource Group	107,295
Fibertech Canada	180,015
Francis & Company	602,774
Futuremed	436,367
G & C Asphalt Services Ltd.	54,872
Geanel Restaurant Supplies	135,575
G-M Pearson Biomedical Waste	63,096
Gordon Food Services	308,229
Grand & Toy	308,391
Great West Life Assurance Company	1,138,493
Health Sciences	164,945
Health mark Ltd.	84,152
Healthmetrx Canada	64,680
Hospira Healthcare Corporation	702,672
Idoman Canada	52,008
Imperial Tobacco Canada	60,723
JLT Construction	53,088
Johnson & Johnson Medical Products	702,108
Kemsol Products Ltd	55,631
Laborie Medical Technologies Inc.	64,229
Lesmeister Construction Ltd	563,332

Supplier Payments (continued)

Lintratec Canada Ulc	53,943
Lloydminster & District Co-op	104,925
Local Authorities Pension Plan	1,960,747
Macquarie Equipment Finance Ltd.	107,825
Marsh Canada Ltd	348,691
McKesson Canada Corporation	1,095,686
McKesson Distribution Partners	489,912
Meadow Lake Associate Clinic	1,123,484
Menssa Baert Cameron	60,935
Minister Of Finance (PST)	149,574
Ministry Of Government Services	1,135,496
Modern Janitorial Sales & Service	81,786
Motorola Canada Ltd.	341,617
Nedco	57,460
Nicole Enterprises Inc	168,911
Nightingale	74,962
North Battleford Medical Clinic	443,756
North SK Laundry & Support	1,897,469
Northwest School Division	85,000
Novartis Pharmaceuticals Cdn	245,675
Olympus Canada Inc	171,347
Ondeo Nalco Canada Co.	74,028
Ormed Information Systems Ltd	162,451
Ortho Clinical Diagnostic	175,336
Oxoid Canada Inc	98,006
Philips Healthcare	642,005
Philips Medical Systems	367,883
Prairie Meats	185,630
Public Employees Superannuation	1,005,485
Public Service Superannuation	137,112
Radiology Consultants Assoc	52,700
Receiver General For Canada	42,057,065
Registered Psychiatric Nurses-SK	55,765
River City Plumbing & Heating	141,856
Roche Diagnostics	848,437
Russell Food Equipment Ltd (Saskatoon)	56,432
Saputo Foods Ltd	406,765
Schaan Healthcare Products	1,660,245
Shell Energy North America (Can)	574,414
Shoppers Drug Mart (North Battleford)	264,575
Siemens Healthcare Diagnostics	68,573
SK Association of Health Organizations	9,305,451
SK Energy	979,693
SK Healthcare Employee's Pension Plan	15,329,258
SK Power Corporation	1,544,038
SK Registered Nurses Association	245,862
SK Tel	980,248
SK Union of Nurses	648,197
Skyline Refrigeration Ltd.	73,466
Smith & Nephew	235,533
Smiths Medical Canada Ltd	109,785

Somagen Diagnostics Inc	76,792
Source Medical	299,861
Southmedic Inc	53,862
Steris Canada Inc	358,953
Stevens Company Limited	310,853
Stryker Canada Inc	484,930
Suer and Pollon Mechanical	320,513
Sysco (Edmonton)	389,474
Sysco (Regina)	1,300,844
Sysmex Canada Inc	63,565
Tab Products of Canada	122,913
Teleflex Medical LP	60,393
Terracap Investments (Frontier)	323,471
Thurston Engineering Services	105,249
Tyco	503,698
Ultra Print	61,304
Unisource Canada Inc	234,393
United Protection Services Inc	91,090
Van Houtte Coffee (Saskatoon)	63,797
Vandeventer, Gavin	274,358
Vipond Fire Protection Inc	401,185
Vital Aire (Saskatoon)	96,231
Wallace Meschishnick & Partners	96,002
WBM Office Systems	696,353
Weston Bakeries Limited	59,637
Winroc Supplies Ltd	56,821
Wolseley Mechanical	69,588
Worker's Compensation Board-Alberta-Calgary	125,950
Worker's Compensation Board-Saskatchewan	2,158,326

Transfers

Listed, by program, are transfers to recipients who received \$50,000 or more.

AB Health Services	250,304
Battleford Early Childhood	120,820
Battleford Family Health Centre	875,852
Canadian Mental Health Association	176,713
Children First Childcare	344,898
Early Childhood Services	108,638
Edwards Society Inc	407,750
Learning Tree Child Development	79,413
Libbie Young Centre	460,651
Lloydminster Emergency Care	449,045
Marshall's Ambulance	640,181
MD Ambulance Care Ltd	287,700
Municipal Health Holdings	239,583
North SK River Municipal Health Holdings	266,627
Points West Lloydminster	1,635,471
Portage Vocational Society Inc.	99,797
Walter A. Slim Thorpe Recovery Centre	601,923
Villa Pascal	2,575,873
WPD Ambulance	1,154,366

Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the above categories.

Abouhamra, Dr. M.	73,815
Ally, Dr. Muhammad	410,216
Anees, Dr Muhammad	80,084
Bairagi, Dr. R.	391,055
Banerjee, Dr T	133,316
Bekker, Dr. Leon	422,242
Best, Dr. J	60,682
Cambridge, Dr Sean	124,233
Cholin, Brenda Dr.	258,632
Corbett, Dr. M.	129,179
Craib Medical Professional Corporation	73,796
Devilliers, Dr Jean P	120,902
Dr. A. Prystupa Medical Professional Corporation	272,967
Dr. K. V. Ramachandran Medical Professional Corporation	363,554
Dr. Mari La Cock Medical Professional Corporation	89,383
Dr. N. Ramachandran Medical Professional Corporation	346,321

Du Plessis, Dr. H.	392,378
Duncan, Dr. D	318,686
Dutoit, Dr Gj	85,020
Elghdewi, Dr. T.	56,549
Englebrecht, Dr Frederik	317,435
Geller, Dr Brian	276,910
Giles, Dr R	114,881
Gohil, Dr. J.	162,642
Holtzhausen, Dr. P.	104,431
Ibarreta, Dr. N	309,219
Johnson, Dr. J	424,748
Johnson, Dr. Mervin	161,127
Kamyar, Dr M	59,626
Khurana, Dr. MC	57,841
Kostic, Dr. Zlatko	68,608
Labrador Febles, Dr J A	213,077
Letskeman, Dr Jacob	209,150
Loots Dr Leani	119,077
Louw, Dr. R.	260,628
Mahmood, Dr. Y.	342,638
Marcelo, Dr. M.	344,911
Martin, Dr. R.	133,295
Mbaogu, Dr. M.	208,978
Mehboob, Dr. Mohammad	496,033
Melonas, Dr Christopher	98,943
Morton, Dr. David	199,458
Naidoo Dr Vernon	88,487
Naidu, Dr K	130,961
Natha, Dr. Raj	391,573
Obikoya, Dr. Olubankole	333,543
Oyewole, Dr Olusegun	75,416
Pentz, Dr. D. (Company)	304,471
Retief Medical Professional Corporation	461,623
Samuel, Dr J Philip	220,871
Shoaib, Dr. M.	230,692
Shrives, Dr H	75,708
Spangenberg, Dr. DF	194,620
Stander, Dr. I.	118,421
Steenkamp, Dr. J.W.	190,066
Stevens, Dr James	107,006
Steyn, Petrus A	89,317
Timol, Dr. Farzana	160,425
Tootoosis, Dr. Janet	194,467
Truter, Dr R	125,507
Van Den Heever, Dr C	120,891
Van Der Walt Medical Professional Corporation	351,713
Van DerMerwe, Dr. A.	174,626
Van DerMerwe, Dr. I.	134,820
Van Vuuren, Dr. H.	246,804
Viljoen, Annette	118,361
Viviers, Dr. W.	199,399
Vogt, Dr. Victoria	247,144
Wynand Van Der Merwe Inc	325,953

Appendix C – Acronyms

AB	Alberta	FASD	Fetal Alcohol Spectrum Disorder
ACLS	Advanced Cardiac Life Support	FSIN	Federation of Saskatchewan Indian Nations
ADT	Admission, Discharge, Transfer	FTE(s)	Full-Time Equivalent(s)
AHS	Alberta Health Services	GP	General Practitioner
AHSB	Alberta Health Services Board	HCO(s)	Health Care Organization(s)
AHTF	Aboriginal Health Transition Fund	HICS	Health Incident Command System
AIDS	Acquired Immune Deficiency Syndrome	HISC	Health Information Solutions Centre
ALS	Advanced Life Support	HIV	Human Immunodeficiency Virus
AUPE	Alberta Union of Provincial Employees	HQC	Health Quality Council
BCP	Business Continuity Plan	HRSDC	Human Resources & Social Development Canada
BDCC	Battlefords District Care Centre	HSAS	Health Sciences Association of Saskatchewan
BFHC	Battlefords Family Health Centre	HVAC	Heating, Ventilation and Air Conditioning
BMI	Body Mass Index	IPCC	Infection Prevention and Control Coordinator
BTC	Battlefords Tribal Council	IT	Information Technology
BUH	Battlefords Union Hospital	KYHR	Keewatin Yatthe Health Region
BUHF	Battlefords Union Hospital Foundation	LPN	Licensed Practical Nurse
CAN(s)	Community Advisory Network(s)	LRHF	Lloydminster Region Health Foundation
CBO	Community-Based Organization	MAC	Medical Advisory Committee
CCHSA	Canadian Council on Health Services Accreditation	MDS/ RUGS	Minimal Data Set/Resource Utilization Group
CDAD	Clostridium Difficile	MHO	Medical Health Officer
CDM	Chronic Disease Management	MI	Medical Imaging
CDMC	Chronic Disease Management Collaborative	MLTC	Meadow Lake Tribal Council
CEO	Chief Executive Officer	MMHH	Maidstone Municipal Health Holdings
CHAN	Community Health Advisory Network	MOU	Memorandum of Understanding
CLD	Community Living Division	MRI	Magnetic Resonance Imaging
CLXT	Combined Laboratory & X-Ray Technologist	MRSA	Methicillin Resistant Staphylococcus Aureus
CMHA	Canadian Mental Health Association	MWFR	Midwest Food Resources
CQI	Continuous Quality Improvement	NEPS	Nursing Education Programs of Saskatchewan
CSQI	Continuous Safety & Quality Improvement	NP	Nurse Practitioner
CT	Computed Tomography	NPL	Northland Pioneers Lodge
CUPE	Canadian Union of Public Employees	NSL	North Sask Laundry (& Support Services Ltd)
C&Y	Child and Youth	NSRMHH	North Saskatchewan River Municipal Health Holdings
DCECC	Dr. Cooke Extended Care Centre	OH&S	Occupational Health and Safety
DI	Diagnostic Imaging	OOS	Out-of-Scope
ECP	Early Childhood Psychology	PART	Professional Assault Response Training
EFAP	Employee and Family Assistance Program	PHC	Primary Health Care
EMS	Emergency Medical Services	PHI	Public Health Inspector
EMT	Emergency Medical Technician	PNHR	Prairie North Health Region
ESP	Employee Scheduling Program	PNRHA	Prairie North Regional Health Authority

Appendix C – Acronyms (continued)

QBS	Quality As A Business Strategy	SHNB	Saskatchewan Hospital North Battleford
QCC	Quality of Care Coordinator	SIAS	Saskatchewan Institute of Applied Sciences and Technology
RHA	Regional Health Authority	SIRP	Saskatchewan Integrated Renal Program
RHL	River Heights Lodge	SLP	Speech Language Pathology
RIC	Regional Intersectoral Committee	SSCN	Saskatchewan Surgical Care Network
RM	Rural Municipality	SUN	Saskatchewan Union of Nurses
RN	Registered Nurse	TCA	Tobacco Control Act
RN/NP	Registered Nurse/Nurse Practitioner	TIPS	Therapeutic Integrated Paediatrics Services
ROP	Required Organizational Practice	TLR	Transfer, Lift and Repositioning
RPN	Registered Psychiatric Nurse	UNA	United Nurses of Alberta
RW	Representative Workforce	VP	Vice President
SAHO	Saskatchewan Association of Health Organizations	VRE	Vancomycin Resistant Enterococcus
SARS	Severe Acute Respiratory Syndrome	WCB	Workers' Compensation Board
SEP	Single Entry Point	WNV	West Nile Virus



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KEY

- Rural Municipality
- Regional Health Authority
- Roads
- Indian Reserves
- H Hospital
- H □ Hospital with attached Special Care Home
- △ Special Care Home
- + Health Centre or Community Health and Social Centre
- + Health Centre with attached Special Care Home
- P Provincial Psychiatric Rehabilitation Hospital





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